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COUNTY HEALTH SERVICES

PLAN UPDATE

FISCAL YEAR 1989-1990

CITY AND COUNTY OF SAN FRANCISCO

Dept. of Public Health

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COUNTY HEALTH SERVICES
FISCAL YEAR 1989-90
PLAN UPDATE AND BUDGET
CONTACTS AND CERTIFICATIONS
FOR

CITY AND COUNTY OF SAN FRANCISCO

Jurisdiction of San Francisco

AB 8 Contact Person

Name: David Werdegar, M.D., M.P.H.
Title: Director of Health
Mailing Address: Department of Public Health
101 Grove Street, Room 306
San Francisco, CA 94102
Telephone: (415) 55402600

Medically Indigent Services Program Contact Person

Name: Bob W. Prentice, Ph.D.
Title: Director of MIA Program
Mailing Address: Department of Public Health
101 Grove Street, Room 323
San Francisco, CA 94102
Telephone: (415) 554-2670

****

Certification for the County Health Services Plan Update and Budget and County Health Services Funding

Health Officer

I hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan Update and Budget is correct.

Name: David Werdegar, M.D., M.P.H.
(please type or print)

Original Signature: David Werdegar Date: September 21, 1989

Health Agency Administrator

I hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan Update and Budget is correct.

Name: David Werdegar, M.D., M.P.H.
(please type or print)

Original Signature: David Werdegar, MD Date: September 21, 1989

County Hospital Administrator

I hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan Update and Budget is correct.

Name: Phillip Sowa
(please type or print)

Original Signature: for Phil Sowa / David Werdegar Date: September 21, 1989

Chairperson, Governing Board

I, John Blumlein, hereby certify that the attached County Health Services Plan Update and
(Name, please type or print)
Budget was adopted on October 3, 1989. Further, I hereby certify that, to the best of my
(Date)
knowledge, the information provided in the attached County Health Services Plan Update and Budget is correct and is drawn from the officially adopted county budget for Fiscal Year 1989-90. I hereby make application for allocations from the County Health Services Fund as set forth in the attached State/Local Cost Share Summary and Application for County Health Services Funds.

Original Signature: R Sanchez, MD Date: 10/3/89
(Chairperson, Governing Board
or duly authorized representative)
Vice President, San Francisco Health Commission

****

FY 1989-90 COUNTY HEALTH SERVICES PLAN UPDATE AND BUDGET

JURISDICTION City and County of San Francisco

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CONTACTS AND CERTIFICATIONS

Jurisdiction of San Francisco

B 8 Contact Person

ame: David Werdegar, M.D., M.P.H.

itle: Director of Health

ailing Address: Department of Public Health
101 Grove Street, Room 306
San Francisco, CA 94102

elephone: (415) 554-2600

Medically Indigent Services Program Contact Person

Name: Bob W. Prentice, PH.D.

Title Director of MIA Program

Mailing Address: Department of Public Health
101 Grove Street, Room 323
San Francisco, CA 94102

Telephone: (415) 554-2670

Certification for the County Health Services Plan Update and Budget and County Health Services Funding

ealth Officer

hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan pdate and Budget is correct.

ame: David Werdegar, M.D., M.P.H.
(please type or print)

riginal Signature: David Werdegar Date: September 21, 1989

ealth Agency Administrator

hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan pdate and Budget is correct.

ame: David Werdegar, M.D., M.P.H.
(please type or print)

riginal Signature: _____ Date: _____

ounty Hospital Administrator

hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan pdate and Budget is correct.

ame: Phillip Sowa
(please type or print)

riginal Signature: for Phil Sowa / David Werdegar Date: September 21, 1989

hairperson, Governing Board

, Hon. Harry G. Britt, hereby certify that the attached County Health Services Plan Update and
(Name, please type or print)
udget was adopted on _____. Further, I hereby certify that, to the best of my
(Date)
nowledge, the information provided in the attached County Health Services Plan Update and Budget is correct and is drawn rom the officially adopted county budget for Fiscal Year 1989-90. I hereby make application for allocations from the ounty Health Services Fund as set forth in the attached State/Local Cost Share Summary and Application for County Health ervices Funds.

riginal Signature: Harry G. Britt Date: 10/1/89
(Chairperson, Governing Board
or duly authorized representative)

---

*Please note that the attached resolution and a copy of the AB 8 Plan and Budget have been submitted to our Health Commission & Board of Supervisors for their review and approval. A certified copy of this resolution will be forwarded to you as soon as is available.

Special Certification for State Medically Indigent Services Funds for Fiscal Year 1989-90

I hereby certify that City and County of San Francisco shall, in Fiscal Year 1989-90, meet the statutory
(Name of County)

requirements set forth in Section 16704.1 of the Welfare and Institutions Code, concerning fees or charges before the rendering of medically necessary services, and the statutory requirements in Section 16718 of the Welfare and Institutions Code, concerning the notice of the availability of reduced cost health care.

Original Signature: Harry G. Britt Date: 10/11/89
(Chairperson, Board of Supervisors
or duly authorized representative)

****

Plan was reviewed and approved by the Board of Supervisors, City and County of San Francisco, at its meeting of October 16, 1989. A certified copy of the Board resolution will be forwarded to your office as soon as possible.

County San Francisco FY 1989-90

EMERGENCY TELEPHONE CONTACTS

The State Department of Health Services maintains a roster of local health officers and first and second alternates for the purpose of afterhours notification in emergencies. Ordinarily, notification will be by telephone to the office except where teletype or mail-o-gram service is deemed adequate or preferred.

A new form must be completed and submitted any time there are changes in the following information.

(please type or print)

	Home Telephone Number
Health Officer (NAME) David Werdegar, M.D., M.P.H.	454-8845
(HOME ADDRESS) P.O. Box 1057, Ross, CA 94957	
First Alternate (NAME) Larry Meridith, Ph.D.	383-8894
(HOME ADDRESS) 1111 Western Ave., Mill Valley, Mill Valley, CA 94941	
Second Alternate (NAME) Florence Stroud, R.N., M.P.H.	839-8965
(HOME ADDRESS) 1151 Holman Rd., Oakland, CA 946610	

Teletype Code _____ |___| Check if teletype is preferred for usual contact*

Telephone Area Code 415

Special Instructions

COMMUNICABLE DISEASE

Special emergency addresses and telephone numbers for communicable disease control.
|___| Check if same as above.

Communicable Disease Control Officer	Office Street Address	Telephone Numbers
Francis Taylor, M.D. 101 Grove St., San Francisco, CA 94102	Office	554-2833
	Home	346-2768
First Alternate		
Florence Stroud, R.N., M.P.H. 101 Grove St., San Francisco, CA 94102	Office	554-2620
	Home	839-8965

Teletype Code _____ |___| Check if teletype is preferred for usual contact*

Telephone Area Code 415

Special Instructions

*Please inform your local teletype office about your arrangements for receipt of emergency messages.

Certification

Federal Preventive Health and Health Services Block Grant Funding

Subvention for 314(d) Comprehensive Public Health Services

Federal Fiscal Year, October 1, 1989 - September 30, 1990

Department of Public Health
City & County of San Francisco

Name of Local Health Department

I hereby certify that the above-named health department shall expend Federal Preventive Health and Health Services Block Grant funds consistent with Section 1904 (3) (b) inclusive of Title XIX of the Public Health Services Act which excludes the use of Preventive Health and Health Services Block Grant funds to "(1) provide inpatient services; (2) make cash payments to intended recipients of health services; (3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; (4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or (5) provide financial assistance to any entity other than a public or nonprofit entity."

We agree to adhere to Federal and State policies and procedures for the use of any and all Preventive Health and Health Services Block Grant funds which might be submitted to this jurisdiction. This includes submission of fiscal reporting forms on a quarterly basis, required by Section 16366.7 (b) (2) as added to the Government Code by Chapter 1343, Statutes of 1982. Expenditures of Federal Preventive Health and Health Services Block Grant moneys are subject to an annual review and audit by the State of California or its duly authorized representatives and the Federal Government. The figures provided in the fiscal report records must be supported by detailed accounting records. The records will be retained and available for audit for a minimum of three years.

We plan to initiate or continue specific priority programs and activities to meet the recognized needs of this jurisdiction.

For Federal funding participation, I hereby certify that the above-mentioned health department shall, in this fiscal year, comply with the provisions of Title IV of the Civil Rights Act of 1964 (42 United States Code (U.S.C.) Section 2000 (d)) which provides that "no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

I agree, in implementing this nondiscrimination policy, to make the announcement public by means of a notice, statement or poster displayed in any place where services are rendered and to report to the State Department of Health Services any complaint directed at services or facilities under my jurisdiction.

Health Officer David Werdegar, M.D., M.P.H.
(NAME) (please print or type)

Original Signature: David Werdegar Date: September 21, 1989

****

ertification for State Financial Assistance for Fiscal Year 1989-90 pursuant to Section 1140 of the Health and Safety Code

Department of Public Health
City & County of San Francisco

Name of Local Health Department

ertification by Local Health Officer

hereby certify that the above-named local health department shall, in this fiscal year, meet the minimum standards for tate aid and expend State aid funds as set forth in Title 17 of the California Administrative Code, Chapter 3, Subchapter Standards for State Aid for Local Health Administration.

ealth Officer

me: David Werdegar, M.D., M.P.H.
(please type or print)

iginal Signature: David Werdegar Date: September 21, 1989

Certification for Environmental Health Program

(For those counties where environmental health has been transferred from the local health department to a comprehensive environmental health agency.)

Name of County

hereby certify that there is a satisfactory liaison to assure continuity and coordination between environmental health d those public health programs under my direction. The Environmental Health Plan was prepared by the Director of the vironmental Health Unit.

ealth Officer

me: _____
(please type or print)

iginal Signature: _____ Date: _____

vironmental Health Director

me: _____
(please type or print)

iginal Signature: _____ Date: _____

4 49370 SFPL: ECONO JRS
10 SFPL 01/17/03 24

FILE NO._____ RESOLUTION NO._____

AUTHORIZING ADOPTION OF THE COUNTY HEALTH SERVICES PLAN AND BUDGET FOR THE 1989-90 FISCAL YEAR; APPLICATION FOR ALLOCATION OF $60, 971, 817, IN FUNDS FROM THE COUNTY HEALTH SERVICES FUND OF THE STATE AND EXECUTION OF THE AGREEMENT WITH THE STATE DIRECTOR OF HEALTH SERVICES; AND TO ACCEPT AND EXPEND THE FUNDS ALLOCATED FROM THE COUNTY HEALTH SERVICES FUND FOR THE COUNTY HEALTH SERVICES PLAN AND BUDGET OF THE CITY AND COUNTY OF SAN FRANCISCO.

WHEREAS, State statutes and regulations require that each county shall adopt a county health services plan and budget which shall be submitted to the State Director of Health Services;

WHEREAS, The county health services plan and budget for the 1989-90 fiscal year must be submitted to the State Director of Health Services;

WHEREAS, Funds from the County Health Services Fund of the State of California shall be allocated to the governing body of each county annually for county health services;

WHEREAS, The allocation of the amount up to the maximum authorized by State law shall be made upon submission of the plan and budget and application by the governing body of each county upon signing of an agreement between the governing body and the State Director of Health Services;

NOW THEREFORE BE IT RESOLVED, That the County health services plan and budget of the Department of Public Health for the 1989-90 fiscal year as set forth in Board of Supervisors' file number _____, and incorporated herein by reference is hereby adopted for submission to the State Director of Health Services;

FURTHER RESOLVED, That the Board of Supervisors does hereby make application for allocation of $60, 971, 817 in funds from the County Health Services Fund and approves the signing and executing of the agreement as set forth in Board of Supervisors' file number _____, and incorporated herein by reference, between the governing body of the City and County of San Francisco and the State Director of Health Services.

FURTHER RESOLVED, That the Director of Health, Health Commission, Clerk of the Board of Supervisors and any other appropriate officers and employees of the City and County of San Francisco are authorized to certify the county health services plan and budget, make application for county health services funds, and to sign and execute the agreement, based on the adopted plan and budget, between the governing body of the City and County of San Francisco and the State Director of Health Services, and

FURTHER RESOLVED, That the Department of Public Health is authorized to accept and expend the funds allocated from the County Health Services Fund for the county health services plan and budget of the City and County of San Francisco.

RECOMMENDED:

David Werdegar, M.D., M.P.H.
Director of Health

APPROVED:

Health Commission

- Major Responsibilities and Reporting Relationships

The administrative offices of the Department of Public Health are located at 101 Grove Street, in San Francisco's Civic Center. The Department's current administrative structure is illustrated on the following organizational chart. The Director of Health has overall responsibility for the Department and reports to a seven member Health Commission.

The Health Commission assumed its responsibilities on January 15, 1985. The Commission is composed of seven members appointed by the Mayor for terms of four years. The Commission is a policy-making body and has overall responsibility for the Department of Public Health, including the City and County hospitals, emergency medical services and all matters pertaining to the preservation, promotion and protection of lives, health and mental health of the inhabitants of the City and County of San Francisco.

The Director of Health supervises the following senior staff:

- Associate Director
- Deputy Director of Operations
- Deputy Director of Community Public Health Services
- Deputy Director of Mental Health, Substance Abuse and Forensic Services
- Executive Admninistrator for San Francisco General Hospital
- Executive Administrator for Laguna Honda Hospital
- Director of Planning and Program Support.
- Director of Public Information
- Coordinator of Emergency Medical Services
- Medical Director, Emergency Medical Services
- Director of the AIDS Office
- Medical Director, AIDS Office
- Coordinator, Affirmative Action

The Deputy Director of Operations supervises the Environmental Health Program, the Toxics Control Program and the Office of Conservatorship Services and is responsible for the following Department-wide management areas: fiscal; personnel; management information systems; contracts; facilities management; legal services; and capital projects.

The Deputy Director of Community Public Health Services supervises programs in the following areas: disease control; field services; family health; senior health services; adolescent and refugee services; laboratory services; health promotion and the homeless/MIA projects.

The Deputy Director of Mental Health Services supervises programs in the following areas: mental health; substance abuse; and forensic services.

The Executive Administrator for San Francisco General Hospital supervises the hospital's administration, inpatient and outpatient services.

The Executive Administrator for Laguna Honda Hospital supervises the hospital's administration, inpatient and outpatient services.

The Office of Planning and Program Support provides administrative, analytical and technical assistance to various Departmental programs, the Health Commission and community groups for a broad array of issues in health. The planning process includes the monitoring of health legislation and regulations and grants management and development.

The Office of Public Information acts as a resource for information about the Department of Health and facilitates and coordinates all Departmental media-related activities; initiates community relations outreach activities; and identifies and promotes Departmental programs and services.

PRIORITIES FOR 1989-90

Overall priorities for the Department of Public Health include the following:

Cost Effective Quality of Care: To assure the provision of cost effective, quality health care services in order to best serve clients and community.

Access: To ensure access to health care services.

Accreditation and Licensure: To maintain compliance with State and Federal accreditation and licensure standards and requirements.

Legally Mandated Services: To maintain compliance with legislative and judicial consent decree requirements mandated for health and health related services and reporting.

Revenue Generation: To optimize revenue operating activities from State, Federal, and other third party payor sources in all components of the Department.

Comprehensive Health Care Services: To ensure the provision of a comprehensive range of health care services to residents a of San Francisco with special consideration of at-risk and vulnerable groups in all segments of the community, including:

Persons with AIDS/ARC/HIV infection and those at-risk
Children
Chronically ill persons
Elderly people
Homeless persons
Minority and immigrant populations
Severely mentally ill persons
Women

Primary Care: To create a primary care network inclusive of Department and community-based sites.

Community-based Services: To continue development of community-based services to assure appropriate service levels within the continuum of care.

Preventive Services: To enhance the prevention efforts of the Department, particularly in areas of at-risk and vulnerable groups.

To prevent the transmission of HIV infection, with particular focus on the intravenous drug-using community.

To prevent the spread of sexually transmitted diseases, specifically targeting teenage males.

To reduce the prevalence of tuberculosis in San Francisco to below the state average.

To decrease infant mortality rates and the prevalence of low birth weight infants, especially within the Black population.

Emergency Medical Services: To continue to improve pre-hospital emergency services.

Substance Abuse:

To prioritize the use of crack cocaine as a public health epidemic and re-allocate resources accordingly.

To establish a residential program for pregnant women addicted to crack cocaine.

To develop and enhance substance abuse prevention, treatment and recovery services, utilizing a public health and community development approach.

Private Sector and Interagency Collaboration and Coordination: To continue to expand DPH collaboration and coordination with other City Departments, the private sector, community-based organizations and volunteer groups.

Administrative Support: To maintain administrative support levels consistent with service and revenue generating requirements.

Divisional priorities are delineated below:

Community Public health Services:

To implement a primary care network at the District Health Centers, Southeast Health Center and Potrero Hill Health Center, which will include care to HIV infected clients and chemically dependent clients.

To establish a residential facility for addicted pregant women.

To expand perinatal services to include a comprehensive mix of prenatal health care, social services, health education and specialized services such as substance abuse treatment and to heighten efforts to reach women in need of these services.

To aggressively identify and treat women, infants, children and adolescents with AIDS/ARC/HIV infection.

To coordinate and collaborate with other Departments, agencies and the private sector in the planning and delivery of services.

To develop a city-wide health promotion program.

To improve health promotion and prevention particularly with respect to chronic disease problems.

To improve public health surveillance for non-infectious diseases.

To maintain and expand health and medical services for the homeless.

To maintain and extend, based on resource availability, the services provided to immigrant and refugee populations.

To continue and expand as necessary, the detection and control of communicable diseases.

San Francisco General Hospital:

To maintain licensure and accreditation.

To maintain a comprehensive range of services at San Francisco General Hospital, with a minimumn of 382 beds, encompassing medical, surgical, obstetrics, pediatrics and psychiatric care.

To develop a Strategic Plan for San Francisco General Hospital.

To address Patient Diversion as both an immediate issue and in context of the hospital's long range plan.

To coordinate with the Department of Health to develop a community-based primary care program.

To improve the hospital budgeting program to include cost center budgeting.

To expand maternal/child services with the addition of a third delivery room and the renovation of the pediatric clinic.

To expand Health and Safety activities for all SFGH health workers to include a risk reduction program, health promotion and reeduction of our Workers' Compensation claims.

To develop an expanded ambulatory surgery capacity.

To expand eligibility services to ensure an increase in third party reimbursement and additional sponsorship for our patient population (50% of staff to be bilingual).

To work with local, state and federal legislative bodies to develop new mechanisms for financing AIDS care.

To build a housestaff dormitory.

Laguna Honda Hospital:

To develop services at Laguna Honda Hospital to meet unmet needs in the community, such as geropsychiatry, rehabilitative therapies, custodial and skilled nursing care and adult day health services.

To maintain compliance with State and Federal accreditation standards.

To continue to expand therapy activities, social services and pharmacy to comply with State and Federal Regulations.

Toxics:

To develop effective policies and programs in accordance with State and Federal laws and local ordinances in order to protect the health and safety of City and County residents, employees and the environment.

To protect against exposure to agents of disease such as asbestos and other toxic wastes through controlled regulation and surveillance by government and industry.

Emergency Medical Services:

To achieve an ambulance response time of six minutes to emergency calls.

To lower the mortality rate during medical emergencies.

Central Office Administration:

To establish the MIS Data Center and consequently address space, communication and resource problems at SFGH, CMHS, and Central Office.

To implement automated financial record-keeping.

To begin a Department-wide strategic planning process.

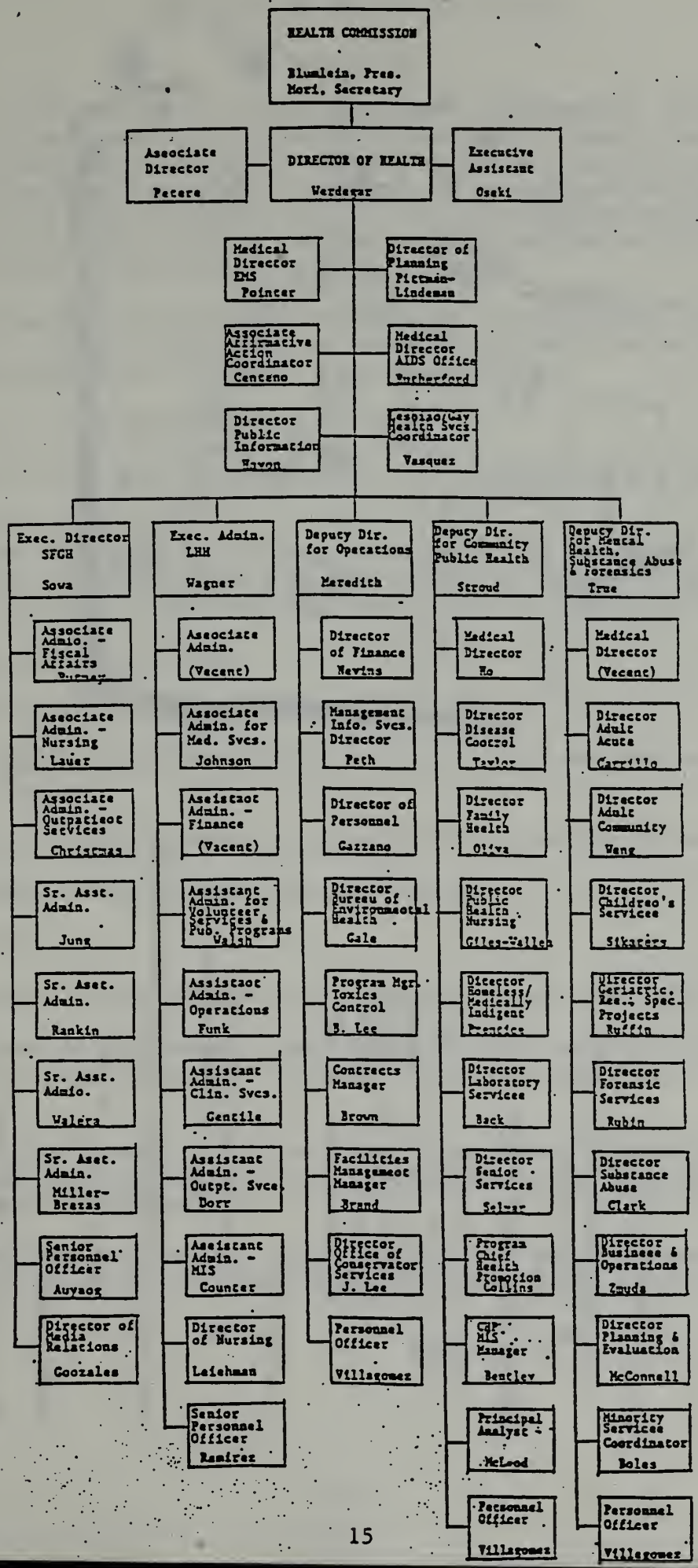
To continue implementation of the toxics program, thereby improving the health and safety of employees, the community and the environment.

To implement a formalized planning process throughout the Department.

To enhance Departmental revenues.

To continue to support implementation of a Citywide coordinated and comprehensive response to the AIDS epidemic.

DEPARTMENT OF PUBLIC HEALTH
ORGANIZATION CHART



LOCATIONS OF FACILITIES

PUBLIC HEALTH ADMINISTRATION

Public Health Administrative Office
★ 101 Grove Street

COMMUNITY PUBLIC HEALTH SERVICES

DISTRICT HEALTH CENTERS
○ #1 - 3850 17th St., 558-3905
#2 - 1301 Pierce St., 558-3256
#3 - 1525 Silver Ave., 468-3664
#4 - 1490 Mason St., 558-3158
#5 - 1351 24th Ave., 661-4400

CITY CLINIC (VD)

✱ 356 - 7th Street, 864-8100
24-hour hotline, 495-OGOD (495-6463)

MENTAL HEALTH, SUBSTANCE ABUSE, FORENSICS ADMINISTRATION

● 1380 Howard St., 255-3500

HOSPITAL SERVICES

✠ SAN FRANCISCO GENERAL HOSPITAL
1001 Potrero Ave., 821-8200
✠ LAGUNA HONDA
375 Laguna Honda Blvd., 664-1580
□ TOM WADDELL CLINIC
50 Ivy St., 554-2950

OVERVIEW

The mission of the Department of Public Health is to assure that each resident of San Francisco has the opportunity to achieve and maintain optimal health. The Division of Community Public Health aims to promote and preserve the highest possible level of health in the community as a whole. To this end, the Community Public Health Services Division provides screening, health promotion and education, case management, coordination and referral, technical assistance, surveillance, regulatory control, and limited treatment services through the following programs.

- Family Health Services, which includes Maternal and Child Health, California Children's Services, Dental Services, Developmental Disabilities, and Nutrition Services including a WIC program, and Perinatal Services.
- Public Health Laboratory Services.
- Disease Control and Epidemiological Services including Community Health Statistics.
- Senior Health Services:
  Eldercare; SRx; Senior Information, Referral, and Education Program; Community and Home Injury Prevention Project for Seniors (CHIPPS); North of Market Multipurpose Senior Services; the Downtown Senior Center; and Adult Day Health Care.
- Emergency Medical Services
- Health Promotion and Education
- Public Health Nursing Field Services, including licensed home care and case management.

Three additional programs help meet the health needs of special populations:

- The Refugee Preventive Health Services Program.
- The AIDS Office.
- The Health Care for the Homeless and Medically Indigent Adult (MIA) Programs.

These programs are implemented at seven District Health Centers, at the Tom Waddell Clinic, at the central administrative site, and at clinics and other locations throughout the City.

Interventions are focused on prevention, detection and control of chronic illness and communicable disease, as well as on maintaining existing levels of wellness among individuals and communities.

The Program Chief of Community Public Health Services, who is responsible to the Deputy Director, administers the programs through the Program Director and the District Health Officers.

MATERNAL AND CHILD HEALTH

San Francisco's Maternal and Child Health (MCH) program is administered by the Director of Family Health Services, who is also responsible for the California Children's Services and Dental Services programs. The MCH program provides family planning, perinatal, children's and adolescent services to San Francisco residents.

Family Planning Services

- Need Statement

A continuing need exists for on-going family planning services, especially for teens, newcomers and underserved ethnic minorities. These groups continue to have disproportinately high low-birthweights and infant mortality rates. The State's decrease in allocation of resources seriously threatens existing services. Although many youths are sexually active at a young age, they do not receive adequate family planning services; 7.6% of San Francisco's birth rate are to teens and the rate of sexually transmitted disease in this group is rising.

- Program Description

Comprehensive family planning services are provided at the five District Health Centers and Youth Guidance Center (a holding facility for juvenile offenders), Larkin Street Youth Center, Southeast Health Center, and City Clinic (the STD clinic for the Department) to women and men between the ages of 15 and 44. More than 80% of the 18,000 clients seen at the Centers are ethnic minorities, primarily Asian-Pacific Islanders and Latin Americans, which corresponds to San Francisco's ethnic population distribution.

The range of family planning services includes preventive gynecological care, birth control methods, and pregnancy testing. In addition, special services for teens, fertility awareness classes, and fertility counseling are available. The Health Center staff also provide community outreach and education programs.

- 88-89 Activities

The Department has conducted a formal cost study and has begun to implement recommendations for change by looking at the costs of family planning care in various settings.

The Department has continued family planning services despite the level of funding, by: obtaining accurate cost center information at each service site; identifying problems and making necessary changes in the allocation of State dollars and ensuring that the same number of clients are served; and maximizing the revenue generated by the clientele. We have extended family planning grant resources to Youth Guidance Center.

The Bureau has received funding from the Centers for Disease Control to do expanded counseling and HIV testing at all family planning sites. All women will receive risk assessments and be encouraged to be tested. In addition, one site is participating in a national seroprevalence testing program.

Services were extended to City Clinic, Larkin Street Youth Center and Southeast Health Center. A total of 9 County sites provide family planning and pregnancy testing services.

The Bureau also received funding from CDC for a 5-year demonstration project to develop, implement and evaluate an innovative, community-based family planning and AIDS/HIV education and service program. The purpose of the project is to devise a strategy to reduce perinatal HIV transmission by minimizing the risk of infection of HIV-negative women and decreasing unintended pregnancies and births to HIV-positive women. The program specifically aims to develop effective education methods to decrease HIV risk factors and increase contraceptive use among women at high risk for HIV infection.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
b. Maternal and Child Health
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Family Planning			
Expand family planning services in City Clinic and Larkin Street Youth Center.	Completed		Implement family planning services at Southeast Health Center.
Continue to implement a chlamydia education and screening and treatment program.	Completed		
Continue an AIDS education/screening program consistent with DPH AIDS guidelines	Completed		Recruit and retain 1,000 clients at high risk for HIV infection in community-based family planning programs.
Implement bulk purchase program for all educational materials with centralized inventory control.	Ongoing		Implement confidential HIV testing at all family planning sites.
			Provide comprehensive substance abuse training for all staff in the Family Planning Program
			Expand and revised pregnancy testing and counseling program.

Perinatal Services

- Need Statement

The primary goal of Maternal and Child Health's Perinatal Program is to assure early access and affordable perinatal health care to eligible low-income residents of the City and County of San Francisco. Outreach and education to special populations (newcomers, incarcerated women, substance abusers, and high-risk minority communities) as well as the health care community-at-large, are essential to facilitating the primary goal. Concurrent with analysis of local and State data and the monitoring of vital statistics data, San Francisco continues to show higher perinatal and infant mortality rates than in other comparable counties. Blacks, Hispanics born abroad, and Southeast Asians are particularly at risk.

- Program Descripion

A State Maternal and Child Health Block Grant to the Family Health Bureau has provided funding for community based, comprehensive perinatal services to low-income women. This funding has drastically decreased during FY 88-89 and will be entirely replaced by the Medi-Cal fee for services program established by AB 3021 and extended to most newcomers and low income uninsured pregant women. Community involvement is integrated through specific planning and program development activities coordinated by the Department in collaboration with the Perinatal Forum.

The Perinatal Forum is:

A consortium of public and private perinatal and related service providers. Its role is to serve as an advisory body to the Department of Public Health/Family Health Bureau on Maternal and Child Health issues while providing perinatal services with the City and County of San Francisco.

The Forum coordinates services, identifies gaps, develops joint programs and advocates for comprehensive services for women and their children.

The specific goals of the perinatal program are to:

1) Decrease perinatal, maternal and infant mortality and morbidity by creating a regionalized perinatal system, inclusive of the public/private sector medical communities in San Francisco;

2) Facilitate the coordination and linkage of services between perinatal service providers and appropriate community service agencies;

3) Ensure comprehensive perinatal service delivery (medical, nutritional, psychosocial, health education services) to an eligible population via the allocation of resources (including funding and staffing which is multidisciplined, credentialed, culturally sensitive, and linguistically appropriate), and geographic accessibility of service in the high-risk, low-income communities based on evidence of need;

4) Serve as a liaison with State MCH for the distribution of the local MCH-Perinatal funding and enrollment of CPSP approved providers.

- 1989-90 Activities

Comprehensive perinatal services will be provided through DPH and Forum providers as well as private OB CPSP approved providers. The MCH block grant will be used to subsidize services to women not eligible for Medi-Cal. However, emphasis will be placed on providing technical assistance to CPSP providers both in program and fiscal-revenue sharing processes, in order to ensure continued care to low income, uninsured women.

Planning and implementation of interventions for substance abusing pregnant women both in perinatal service sites and in the community will be a major activity requiring coordination with other branches of the DPH as well as other City and County Departments and community based agencies.

The relationship between AIDS and substance abuse and programs for HIV prevention, testing and counseling will continue to be explored among DPH and forum agencies.

Linkages to agencies dealing with the pregnancy prevention and case management of pregnant adolescents is firmly established through the Forum and other Family Health related programs.

Change

The major change in FY 89-90 will be the change from MCH block grant for perinatal services to a Medi-Cal fee-for service program, which requires extensive documentation billing and coordination with the local DSS for Medi-Cal eligibility and certification. Lastly the newly introduced DPH primary care network may require additional work in development and implementation of protocols, billing systems, etc.

PUBLIC HEALTH SERVICES
b) Maternal and Child Health
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Perinatal Services			
To provide case management services to 90 teen fathers or potential fathers through the title V Pilot Project.	Accomplished		To continue to provide case management to approximately 90 teen fathers.
To conduct outreach to and recruit private providers to enroll in AB3021	Partially Accomplished	Two private OBs enrolled as CPSP providers	Recruit private OBs and provide technical assistance to CPSP providers.
Complete the education and prevention program for perinatal AIDS at five delivery hospitals and four perinatal clinics.	Successfully completed		Develop and implement substance abuse plans and activities for pregnant and post-partum women.
To provide comprehensive, community-based perinatal services to 1,524 high risk, low income women and their infants.	Completed		Complete transition of block grant to Medi-Cal (CPSP) and serve approximate 1500 women and their infants

The California Child Health and Disability Prevention Program

In 1967 the Federal legislature established Early Periodic Screening Diagnosis and Treatment (EPSDT) as a benefit to those eligible for Medicaid. In California, in 1974, the legislature passed Assembly Bill 2068 which committed State funding to establish programs in every county to assure that all children had at least one health assessment as a requirement for enrollment in first grade in any licensed school. This was named the Child Health and Disability Prevention Program (CHDP). In 1975, the CHDP program and the national EPSDT program were administratively fused, expanding local program responsibilities to include all Medicaid eligibles from birth to 21 years, as well as those enrolling in first grade. In subsequent years the program was expanded to include children 0 - 29 months.

- Program Needs

The following needs have been identified:

Improved medical follow-up and documentation of children in Foster Care.
The Child Protective Center which will provide medical screening for all foster care children is scheduled to be opened by October 1, 1989 and a medical "Passport" will be started on every child.

Improved medical follow-up and documentation of children in Residential Care group homes.

Outreach to high-risk pregnant Medi-Cal clients to get them into early prenatal care.

- Proposed State changes 1989 -90

There is a recommendation to the State legislature, AB 99 Bronson, to use the Tobacco Tax Money to provide CHDP exams to all low-income children from 0 - 18 years. If this is implemented, health screening services will be available to many uninsured and under-insured families in San Francisco.

Ear Diagnostic Center

The Ear Center Program was greatly modified during the 1988-89 fiscal year. Services were provided to parochial schools only, at a price of $2.00 per child; 2,509 children were tested. Testing was also provided to children referred from the Health Centers. The program was also restructured to transfer one audiometrist to CEMAS to provide ear diagnostic services to the Police Department, Fire Department, etc. This change will be implemented August 1, 1989.

Plans for 1989 - 90

Screening Services will be provided at Health Centers 4, 5, and Southeast for children 3 years and older who received CHDP exams. Other children will be screened upon referral.

Screening Services also will be provided to State funded preschools to children who had CHDP exams but did not have the hearing screening completed.

Negotiations are being conducted with Board of Education Preschool Programs for audiometry testing.

Car Seat Loaner Program

The Car Seat Loaner Program was started in 1980 with support from the Zellerbach Family Fund. The program's primary goal is to prevent death and injury to infants--automobile accidents was the leading cause of death through accidents.

The San Francisco Car Seat Loaner Program provides two primary services, a 9 month loan and a temporary or 2 week loan. All San Francisco families are eligible. They may borrow an infant car seat (birth to 20 lbs) or a convertible toddler seat (20-40 lbs.). There is an $18 deposit; $15 is refunded when the seat is returned clean, on time and in good condition. A service fee of $3.00 is charged. These fees are used to cover program costs: purchase of seats, replacement parts.

The program is used by a broad cross section of the San Francisco population; clients range from the single parent AFDC recepient to the two income family. In 1988-89 168 infant seats, 84 toddler seats and 35 temporary loans were made. Evaluations indicate that client satisfaction is high. Of clients completing the evaluation form upon returning their seat, 99% stated they had a car seat for their child and 96% reported that they used the loaner seat for "every trip". They also reported that their own awareness and use of seat belts was also higher.

Sudden Infant Death Syndrome

Chapter 453/74 Section 462 of the Health and Safety Code requires the County Coroner to notify the County Health Officer or his designee of any case in which sudden infant death syndrome is the provisional cause of death. In San Francisco this desigantion has been given to the Children's Division, and the Coroner makes a referral which is forwarded to a Public Health Nurse who contacts the family and offers necessary services. A copy of the intervention is then forwarded to the State Department of Health.

In 1988-89 there were 19 cases of reported SIDS which were followed up by Public Health Nurses. A Supervising Public Health Nurse serves on a regional SIDS Committee which meets quarterly.

The Nursing Bureau representative met with the Coroner to review the procedures; the situation in San Francisco is stable.

PUBLIC HEALTH SERVICES
b. Maternal and Child Health
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: The California Child Health and Disability Prevention Program			
The CCHDP/EPSDT staff will make site visits to four providers to assure quality care.	SFGH has continued to improve the billing in the Children's Center to approximately $200,000 per year. The Refugee Clinic and Family Health Clinic are currently active CHDP providers.		Improve medical follow-up of children in foster care. The Child Protective Center is scheduled to open Oct 1, 1989 and will provide medical screening for all foster care children, with a medical "passport" on every child.
Outreach will be provided to target populations for the new age group: Food programs, community clinics, etc.	A Public Health Nurse in CHDP provides CHDP to the "Baby Moms" program, the Department of Social Services and also to other units providing foster care.		Increase outreach to target population of low income families with children ages 13 - 29 months.
Outreach will be provided by PHNs to three residential care providers.	A Public Health Nurse provides case management for foster care children in temporary shelter who attend school at Andrew Jackson.		Improve medical follow-up and documentation of children in residential care group homes.
A plan for perinatal outreach will be developed.	Public Health Nurses are providing outreach to high-risk Medi-Cal clients (began May 1989).		Expand outreach to high-risk pregnant Medi-Cal clients to get them into early prenatal care.

The San Francisco Women, Infants, and Children (WIC) Program

The San Francisco WIC Program started in 1980 with an initial caseload of 1800 participants. This year, 1989, we received a caseload increase to 14,070. Our primary goal is to improve the health and nutritional status of low-income prenatal women, infants and children under five years old.

WIC programs are located at six different sites throughout the city of San Francisco. WIC provides supplemental food vouchers and nutrition education, and requires participants to receive ongoing medical care from a health care provider of their choice.

The community's need for WIC services continues to increase as families are affected by adverse economic conditions, unemployment, and budget limitations imposed on many government services provided to low income families. There is a constant need to provide WIC services to pregnant teens and low-income families with children under 5 years headed by single mothers. Furthermore, WIC funding levels generally allow only 35% of those eligible to be served.

PUBLIC HEALTH SERVICES

Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: WIC Program			
An increase in caseload from 10,000 to 14,070.			To maintain caseload of 14,070
Completion of computerization of six WIC sites.			Complete computerization of seven WIC sites.
Provision of over 12,000 visits to pregnant and breastfeeding clients.			To provide 12,000 visits to pregnant and breastfeeding clients.
Achievement of approximately 5% overall low birthweight incidence among WIC participants.			To achieve a 5% overall low birthweight incidence among WIC participants.
Over 85% of pregnant women showed progress towards meeting their nutritional goals.			To maintain or exceed a level of 85% of pregnant women showing progress towards meeting their nutritional goals.
			A clinic for homeless families will open during the fall of 1989. In addressing the special needs of this community, daily voucher distribution to the homeless is to be implemented. This clinic will focus on serving 2,000-2,500 participants annually that are already participants of California Human Resources, Inc.

PUBLIC HEALTH SERVICES

Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: WIC Program			
			A new clinic site was opened with emphasis on on-site community involvement. A special outreach and referral program for Crack-Cocaine-addicted women is being implemented from this site.
			An MOU between SFDPH/WIC Program and SFGH/Perinatal Nutrition regarding interface and collaboration was agreed upon.

Adolescent Services

Need Statement

The Health-related problems of adolescents are numerous and complex. Since characteristic adolescent medicine care has both physiological and psychological aspects, a comprehensive model for adolescent services should include drug and alcohol abuse prevention programs; physical abuse and neglect identification and services; family planning services; nutrition education; emotional development and mental health counseling; and information regarding adolescent growth and development.

In San Francisco, increasing rates of sexually transmitted diseases, drug use especially crack cocaine and high school drop out rates indicate the need for services to this population.

Program Description

A primary goal of the Family Health Program is to promote and improve adolescent health by providing information and inculcating awareness of personal lifestyles, attitudes and behavior as they affect health. The Family Health Program provides health education in the schools, community and clinics regarding sexually transmitted diseases (STDs) and screening and treatment of adolescents for STDs. It also includes health information and education programs in the areas of family life, cardiovascular fitness, human sexuality, sexual orientation, promotion of healthy lifestyles, substance abuse and AIDS.

Current Adolescent Programs that are administered directly or functionally by Family Health include:

1. Joint supervision, the AIDS Education for Youth Project with the SF Unified School District - a CDC funded project to train teachers and develop K-12 curricula in AIDS.

2. Direct supervision of a school-based clinic at Balboa High School.

3. Functional supervision of Family Planning services for teens at District Health Center 3, Youth Guidance Center (juvenile detention facility), and Larkin Street Youth Center (homeless youth).

4. Contract management and technical assistance through the Perinatal Director for the Teen Fathers program based at the Ella Hill Hutch Center.

5. Joint management with the San Francisco Unified School District Health Administrator of school-based health services and health education for middle and high school youth.

6. Direct supervision of dental services for youth at District Health Centers 3 and 5 and Youth Guidance Center.

7. Coordination of Adolescent AIDS planning and policy development through the Adolescent AIDS Task Force.

8. Providing AIDS education to in-school and out-of-school youth through the CDC funded WEDGE project. The project uses people with AIDS as part of a team approach.

PUBLIC HEALTH SERVICES
c) Adolescent Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Adolescent Services			
AIDS Education for Youth			AIDS Education for Youth.
90% of 6th and 10th grade family life teachers received the AIDS Education Curriculum Guide.			Over 40% of 5th graders, 75% of all middle schools, 50% of 9th, 11th & 12th graders, and 90% of 10th graders will receive education on how to avoid becoming infected with HIV.
About 50% of 9-12th grade students received AIDS/HIV lessons in their social studies classes.			Over 60% of all middle and high school students in self contained special education classes will received education on how to avoid becoming infected with HIV.
50% of 9th grades observed an AIDS theater production (Inner Circle).			50 % of 10th grade sexual minority youth will receive special assistance and education on how to avoid becoming infected with HIV.
Over 150 teachers completed 2-day and 3-day trainings on teaching AIDS Education.			6% of district schools will provide education to parents to enable them to educate and support their children in avoiding HIV infection.
Parent AIDS Education workshops reached 150 parents.			
Administered and analyzed results from a Centers for Disease Control survey on health, completed by 50,000 high school students.			

PUBLIC HEALTH SERVICES
c) Adolescent Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Adolescent Services, Cont'd.			
Over 180 schools and community representatives from programs throughout the U.S. were trained to implement HIV education programs youth.			Extend technical assistance, curricula and materials to out-of-school youth serving agencies.
			Supply HIV educational materials to 70% of teachers in 5th through 12th grades.
			Train over 180 school and community representatives from programs throughout the U.S. to implement HIV education programs targeting youth.
			Train 48 school and community representatives from programs throughout the U.S. to implement HIV education programs targeting out-of-school youth
Heartflash			Heartflash
37 Peer Leaders were trained and participated in the program.			Train 37 peer leaders.
3 Mentor Teachers participated in management of the program and 37 teachers completed the Heartflash training.			Implement program in 15 middle schools.
Heartflash classes reached 1,334 students in 16 middle schools.			Explore expanding program to high schools.

PUBLIC HEALTH SERVICES
c) Adolescent Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Adolescent Services, Cont'd.			
WEDGE			WEDGE
A training was held for 15 Health Educators.			One training for health educators.
			One training for PWAs.
A training was held for 12 people with AIDS/ARC and 12 PWA's joined the programs.			Modify programs for middle schools.
			Begin implementation in middle schools by January 1990.
Monthly meetings were initiated with both groups.			Refine existing pre and post test student assessments.
3,450 students in 123 classes were reached: 99 public schools, 14 parochial schools, and 10 out of school youth agencies.			Revise teacher, health education feed back forms.
			Identify a consultant to develop a formal evaluation of the effectiveness of the program in influencing attitude and behavior of students.
			Increase at least to 70 the number of parochial schools presentations.

PUBLIC HEALTH SERVICES
c) Adolescent Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Adolescent Services, Cont'd.			
BALBOA			BALBOA
Expanded number of visits to 1,200			Provide a minimum of 1,900 medical visits.
Initiated a monthly statistical reporting system.			To increase utilization of clinic by Filipinos by 30%.
Provided 50 sports physicals to other schools.			To provide case management services to 70 students.
Case management services to 39 high risk students.			To provide 3 health education substance abuse modules at James Denman middle school.
Peer counseling program for 45 to 48 students.			

CALIFORNIA CHILDREN SERVICES

NEEDS STATEMENT

The number of children who are at risk for developmental delay and disabilities is steadily increasing. Due to advanced technology more premature infants are surviving. Many of these children have medical problems and disabilities requiring on-going therapy. An influx of children with serious conditions continues from Mexico and Central America, and a large number of children with residuals of poliomyelitis, congenital heart disease, and unrepaired congenital deformities are found among Indochinese refugees.

There is also an increased demand for all California Children's Services (CCS) services. Unemployment and underemployment resulting from a depressed economy has caused an increase in the Medi-Cal caseload from 44% in 1985/86 to 60% in 1988/89.

PROGRAM DESCRIPTION

CCS provides specialized medical care and rehabilitation for physically handicapped children whose families are partially or wholly unable to provide for such services. The program is financed by federal, state, and county tax funds and supplemental by family repayments when indicated.

The program is open to anyone under 21 who is a California resident and has a handicapping condition which is eligible for care under the program and whose family is unable to pay the full cost of recommended treatment. Families with incomes (adjusted gross) over $40,000 may not be eligible. The current case load is 1,500 cases with approximately 60 new referrals per month.

CCS provides the following services:

1. Diagnostic evaluations without financial screening
2. Treatment services
3. Physical and occupational therapy: 150 cases
4. Orthopedic and pediatric clinic services
5. Medical case management

Payment for treatment and diagnostic services is handled through the CCS administrative office. The therapy and clinic services are conducted in the school environment.

County San Francisco
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PUBLIC HEALTH SERVICES
c) California Children Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: California Children Services			
To screen children at risk for HIV infection using available one-time State funds.	The HIV Screening Program which was started in 1987-88 received 75 referrals in 1988-89 for testing of children at risk for AIDS. Funding will continue FY 1989-90. More referrals are projected as more providers begin to test children and adolescents.		Outreach to adolescent providers to inform them regarding HIV testing program.
To establish an Inter-Agency Council for High-risk Infants in San Francisco.	The Interagency Council for High-Risk Infants has been established and the CCS administrator is Vice-Chair of the Council.		Coordination of medical therapy services with SFUSD Special Services Division.
			Training for CCS providers regarding eligibility and CCS billing.

Component B. Public Health Services
Section d. Dental Services

COMMUNITY PUBLIC HEALTH DENTAL SERVICES

- Need Statement

Tooth decay is the most common health problem, affecting 95 percent of all Americans. It affects most children soon after age three, and by age eleven, the average American child has three decayed permanent teeth. By age seventeen, eight or nine teeth have decayed, been filled, or are missing.

Tooth decay is irreversible. Once begun untreated decay usually destroys the tooth. Therefore, the goal is prevention of decay through fluoridation of water supplies, community dental disease prevention and health education programs and treatment services. Early childhood education in dental health is essential. Children and youth from low-income families and refugee children, and youth, particularly Latin-American and Southeast Asian refugees, have poor dental hygiene and nutrition, and have had no prior access to dental services.

- Program Description

Dental services in Community Public Health are targeted for low income and newcomer children and youth ages 3 through 17. Treatment services are located at three of the Health Centers and the Youth Guidance Center. Disease prevention and health education programs are provided at community sites and targeted elementary schools and preschools.

In addition, the Bureau staff participate in dental health presentations and screenings at health fairs (for children and senior citizens) and programs such as WID and the Balboa Teen Clinic.

Education and Preventive Services

State funds, through a Special Needs and Priorities Grant, enabled the Department to provide dental services to the Refugee Clinic at SFGH. This program began in July '86 and was to be a one-time funded program. It was funded again in FY 87-88. During this period of funding, videotapes in Dental Health Education - Disease Prevention were developed and translated into six refugee languages. No further funding was granted in FY 88-89. Seeing the need to continue this important service to refugee newcomers, the Dental Bureau is continuing the program at a reduced level, one half-day per week, limiting the services to screenings, referrals and health education.

In November 1985, the Bureau developed an education program of dental disease prevention for San Francisco elementary schools and applied for State-funding under the SB 111 Program. Priority is given to schools with children in greatest need; these are refugee and immigrant newcomers and children from low income families. The SB 111 program consists of orientation for parents and teachers in dental disease prevention and inservice training for teachers in oral health principles and procedures. Children are instructed in nutrition, brushing and flossing, causes of caries and gum problems and

prevention. The program is supplemented locally with weekly fluoride mouthrinsing. A dental screening with referral and followup is done before and after the program is started. This dental disease prevention program, under SB 111, has been funded again for FY 89-90 and will include targeted preschools.

Toothbrushes, floss, mouthrinses, audiovisual aids, pamphlets and materials and supplies for screening are furnished by the Dental Bureau. All aspects of the program are supervised and conducted by the Bureau's Community Dental Health Program Coordinator.

Dental screening and referrals are a valuable service that the Bureau provides. Screening reveals a profile of the overall dental health in a school population or a given group, an effective means in assessing the needs of a high-risk group. Screening with referrals also increase the awareness of recipients, and parents and teachers, to dental defects before they become serious or emergency problems.

Community Services

The Dental Bureau collaborates with community groups such as the Mayor's Council on Food and Hunger, Advocates for Children and Youth Services, UCSD and UOP dental schools, School Health Committee (SFUSD), San Francisco Dental Society and in all health projects where our services are needed. On request, dental health presentations and screenings are provided to youth organizations, pre-schools, health fairs (both for children and senior citizens), the WIC Program (Women, Infants and Children Program), and the Balboa Teen Clinic Project at Balboa High School.

Treatment Services

All children, ages 3 through 17, who are residents of San Francisco are eligible for treatment (ADA Code, Level III) in our clinics at Health Centers Nos. 3, 4, and 5. Treatment is also provided for adolescents in detention at Youth Guidance Center.

- Summary

The Dental Bureau believes that preventive dentistry is the only reasonable approach to control dental disease in children and adolescents of high-risk populations. The roll that clinical services play is not contradictory to this premise. The prevention of dental disease through education, fluoride-sealant application and clinical restorative dentistry prevent the premature loss of teeth. Education, prevention, application and restoration go hand-in-hand to enable children and adolescents of high-risk groups to be free from pain and infection, to masticate food properly for better nutrition and health, and to avoid serious functional and cosmetic problems.

PUBLIC HEALTH SERVICES
d. Dental Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Dental Services			
2,700 pre-school and elementary schoolchildren in grades pre and and K-5 will receive topical fluoride (optional), health education, screening, referrals Program is state-funded from SB 111 funds.	2,700 pre-school and elementary schoolchildren in 5 pre-schools and 1 elementary school (K-5) received topical fluoride rinse, health education, screenings with follow-up.	Targeted for schools having a high population or refugee-immigrant newcomer and low-income children.	1,350 pre- and K-5 school children (a decrease of 1,350 from 88-89 due to difficulty in retaining and recruiting health education personnel last year) will receive topical fluoride, health education screenings/referrals/ follow-up. Inservice teacher training and program monitoring is provided. Goal is to increase staff time with resultant increase in number of children served.
Upon request, to provide screenings at daycare, senior citizens centers, and health centers as dental personnel and time permit.	Health education at one Chinatown daycare center. Six health education sessions for mothers and infants at HC#4.	Due to shortage of time, staffing, and overriding clinic priorities, health education sessions at HC#4 have been substituted with health education reading materials.	Upon request, to provide screenings at daycare, senior citizens centers, and health centers as dental personnel and time permit.
To set the minimum number of patient visits at 6,000 with the present clinical staffing.	Accomplished at 6,798	No significant increase from 87-88 (6,740) with the same number of staff positions.	To set the minimum number of patient visits at 6,000 with the present clinical staffing.

County San Francisco
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PUBLIC HEALTH SERVICES
d. Dental Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Dental Services cont'd			
Need to increase dental hours and add 1 permanent FTE dental aide position, thereby reducing waiting time for dental appointments which is 6 to 8 weeks at one health center and 4-5 weeks at another. Subsequently, patient/client visits will increase. Also need to increase budget for materials and supplies to "fill" the needs of an increased patient load.	No additional permanent staff, except the addition of 0.4 FTE temporary dental aide.	Dental (temporary/bilingual, Latino) funded thru SLIAG/IRCA.	To add 1.0 FTE permanent dental aide for one clinic, and another 0.5 FTE permanent dental aide for another clinic to operate at full-time instead of at half-time presently. Waiting time for appointments at both clinics is 8 weeks. Addition of dental aides maximizes the dentist's time and productivity at a lower cost to the Department. To add 0.5 FTE Hygienist to augment clinic and preventive (health education) components of the dental program. To increase budget proportionately for materials and supplies to "fill" the needs of an increased patient load.
To set the number of children receiving treatment care at 2,800.	Accomplished at 3,564.	No significant increase from 87-88 (3,429)	To set the number of children receiving treatment care at 3,000.
Assure that 75% of children return for 6 month follow-up	Accomplished at 78%		Assure that 75% of children return for 6 month follow-up.

PUBLIC HEALTH SERVICES
d. Dental Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Dental Services cont'd			
To provide, on request, dental exams and referrals for perinatal patients. To provide, on request, inservice training to perinatal staff providers.	On going service at the clinics for perinatal patients. One inservice training at SFGH for perinatal provider staff.		To provide, on request, dental exams and referrals for perinatal patients. To provide, on request, inservice training to perinatal staff providers.
The amount of $14,495 was requested for FY 88-89 budget for the purchase of two dental chairs, handpieces, and other needed miscellaneous equipment to complete the equipment upgrading at Health Center #4. Health Centers #3 and #5 need new equipment upgrading also.	Accomplished at HC#4		The amount of $15,260 was allocated to update the dental equipment at one health center. One more dental clinic at another health center will need an upgrade in its equipment which is 30 years old with no available parts.

ENVIRONMENTAL HEALTH SERVICES

- Need Statement

The maintenance of a healthful environment is a continuing commitment of the Environmental Health Services Bureau. The needs addressed by the program are identified by professional assessment and public demand; and if neglected, these problems would become a source of illness, disease, or serious discomfort for the community.

There are two major areas that influence the ability of the Bureau to address community health needs: 1) public concern and participation in program planning and 2) fiscal constraints.

In previous years, concern and involvement with environmental issues was left to the Health Professional. Steadily there has been an increase in public awareness of those issues and active demands for environmental protection and maintenance of aesthetic values. Examples include the creation of commissions, committees, the scheduling of hearings and meetings, news media releases, etc.

The public demand to participate in the planning process challenges the existing resources and programs. An effective and successful Environmental health Program will promote good public relations and show a commitment to work with a concerned public and business and industry to resolve local health needs.

Reductions in funding necessitate effective fiscal management. Program success will rely on developing adequate funding sources and proper management of existing resources. Effective environmental programs are expected and even demanded; the public is willing to pay for such services if the worth of the program can be demonstrated. If not, environmental health programs may be lost or reduced from the existing level of service. Both outcomes would reduce the Bureau's ability to meet community environmental health needs and provide programs.

- Program Description

Environmental Health Services maintains a professional staff of State-registered Environmental Health Specialists, in addition to Industrial Hygienists, Health Educators, and Environmental Health Technicians. Contracts with various specialized consultants, e.g. toxicologists, MIS, licensed hazardous waste haulers, certified laboratories, and environmental auditors expands the range of skills, abilities, and services available to the Bureau.

The Bureau provides broad surveillance, inspection, education, and public information services through a variety of programs coordinated within the Consumer Protection program, Public Services Program, and Toxic Control Management Program.

Bureau activities are coordinated at five district locations, 1380 Howard St., and the central office to provide uniform enforcement throughout the City.

Revenues for FY 1989-90 from license fees will be approximately $4.8 million dollars in contrast to a total budget of $6.3 million dollars.

- Major Program Changes During FY 1989-90

The Consumer Protection Program will be adding emphasis to selected program areas. Included will be community and industry food handler training, special events licensing, nuisance abatement on vacant property, expanded water quality control inspectional services, cross connection control, institutional infectious waste monitoring and training and mandatory refuse service enforcement.

During FY 89-90, major changes in the Toxic Control Management Program include implementation of a hazardous waste control acceptance program to remove hazardous waste from the solid waste stream, consideration of an M.O.U. for hazardous waste with State Toxics, the development of Occupational Safety and Health program for city employees, implementation of a bioremediation program for City owned contaminated sites, assistance to the District Attorney in prosecuting asbestos abatement firms, coordination of asbestos recovery costs from Johns Manville, assistance in a childhood cancer cluster study and provision of environmental assessments for sale, lease or purchase of new property.

° Consumer Protection Program

The Consumer Protection Program consists of those environmental health activities required to assure that food provided for human consumption is of good quality, safe, free of adulteration, wholesome, and properly labeled and advertised, and that it has been produced, stored, and transported under conditions and by practices which are clean, safe, and sanitary. Program areas include retail food operations, water recreation, vending machines, water sampling, housing and hotel inspections, abandoned vehicles, cross-connections, smoking in the workplace and public areas, and noise abatement, laundries and dry cleaners.

° Public Services Program

Additionally, the program is responsible for inspection of the City's detention and institutional facilities, commercial fumigators, ambulance services, and tattoo parlors. Solid waste management, including infectious waste, is also a program responsibility for this unit, requiring the licensure of two refuse collection companies and a centralized transfer station.

° Toxic Control Management Program

The Toxic control Management Program (TCMP) is composed of four major program components:

The Hazardous Waste Management Program is designed to assist City departments to come into compliance with the California Hazardous Waste Control Law (Health and Safety Code, Title 22, Sec. 66001 et seq.) The Hazardous Waste

The Toxic Control Management Program has five major objectives:

1. To manage the removal of hazardous waste from all City hazardous waste-generating sites;

2. To have TCMP staff and/or independent consultants conduct hazardous waste audits of all City worksites;

3. To provide consultation to City departments on measures for complying with hazardous waste regulations;

4. To provide support to or implement special projects, such as: 1) monitoring the Household Hazardous Waste Collection Facility, 2) investigating alternatives for reducing the amount of illegally disposed of hazardous waste in the solid waste stream and on public streets and areas, 3) collaborating with the Office of the Chief Administrative Officer on the County Hazardous Waste Management Plan and Environmental Impact Report, 4) processing Proposition 65 reports, and 5) developing a hazardous waste generator inspection program; and

5. To continue to process the documentation required under the conditions of the Analyzing the Soil for Hazardous Waste Ordinance and to monitor site mitigation activities in the City.

6. To ensure that City agencies are meeting the monitoring requirements of the Underground Storage Tank requirements.

The Hazardous Materials Permit and Disclosure Program is designed to implement and enforce the San Francisco Hazardous Materials Permit and Disclosure Ordinance (Health Code Article 21), which regulates the above and below-ground storage of hazardous materials in both the public and private sectors.

The Hazardous Materials Permit and Disclosure Program has five major objectives:

1. To permit and inspect approximately 5,300 above-ground hazardous materials storage facilities;

2. To permit, inspect, and oversee the removal and/or closure of 2,100 underground storage tanks;

3. To manage hazardous materials inventory data for emergency response;

4. To record and respond to all requests for information relative to hazardous materials stored at a facility;

5. To conduct a Community Awareness Campaign to effect the public perception of the Hazardous Materials Permit Program within the business community; and

6. To look at alternative technology e.g. bioremediation to clean up contaminated sites.

The Toxics Education and Training Program is designed to provide training to City employees on the requirements of the following: Hazardous Waste Control, Hazardous Substances Information and Training, and Hazardous Materials Release Response Plans and Inventory.

The Toxics Education and Training Program has three objectives:

1. To design and apply a generic training curriculum to site-specific training workshops for managers, supervisors, and lineworkers with potential exposure to hazardous materials;

2. To provide training to emergency response personnel; and

3. To develop plans for conducting orientation and annual hazardous materials training to City employees.

The Toxics Special Projects Program is designed to address issues related to occupational safety and health and hazardous or toxic materials.

The Toxics Special Projects Program has four major objectives:

1. To provide information to City residents and building occupants on asbestos and to provide consultation to City departments on all aspects of asbestos exposure, control, and abatement to assist the District and City Attorney regarding enforcement;

2. To respond to community toxic complaints;

3. To coordinate, oversee, and provide quality assurance on industrial hygiene programs in City departments;

4. To provide consultation and technical assistance to City departments on occupational health and safety; and

5. To conduct environmental assessments before the purchase, sell or lease of property for City agencies.

PUBLIC HEALTH SERVICES
Environmental Health Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Environmental Health: Consumer Protection Program			
Category: Food Services Inspection & Control			
To maintain level of surveillance by performing 40,000 inspections in 6,110 licensed food premises and markets	93% accomplishment	37,000 inspections performed by inspectional staff with two vacancies. (This represents a 7% vacancy rate.)	Perform 37,000 inspections in permitted premises. Conduct Food Handler Training. Lead study of Ceramic Ware. Introduce the H.A.C.C.P. approach to Epidemiological investigations. Carcinogen study of food preparation workers Coordinate study of ethnic food Staff training program in conjunctionwith U.C. Davis preparation procedures.
Category: Water Quality Inspection & Control			
To maintain level of service by performing 3,000 inspections in swimming pools, natural bathing places, sewage plants, drinking water supplies & mussel sites.	93% accomplishment	2,240 inspections were performed	To increase the level of service to 3,000 inspections in swimming pools, natural bathing places, sewage treatment plants, drinking water suppliers and mussel sites from 1988 levels due to staff reorganization. Initition of a cross-connection inspection and licensure program

PUBLIC HEALTH SERVICES
Environmental Health Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Environmental Health: Public Services Program			
Category: Occupational Health			
To maintain level of service by performing 600 inspections in response to complaints regarding noise, air, chemical hazards, lead poisoning or other occupational environmental factors.	100% accomplishment	600 inspections performed	To maintain level of service by performing approximately 600 inspections in response to complaints regarding noise, air chemical hazards, lead poisoning or other occupational environmental factors.
Category: Institutional Facilities Surveillance			
To maintain level of service by performing 900 inspections in public institutions, nursing homes, child care centers, and private institutions	94% accomplishment	846 inspections performed	To maintain level of service by performing approximately 900 inspections in public institutions and nursing homes, child care centers, and private institutions.
Category: Rodent Control			
To maintain level of service by performing 9,000 inspections for rodent complaints	80% accomplishment	7,210 inspections performed in response to citizen complaints. The Rodent Control group has been assigned to the citizen complaint program formerly performed by Environmental Health Inspectors. This assignment was made without additional personnel and has resulted in the reduction of rodent surveillance inspection.	To recude previous levels of service by performing 7,200 inspections for rodent complaints.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
Environmental Health Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Environmental Health: Public Services Program Cont'd.			
Category: Solid Waste Management			
To maintain level of service by respoding to 12,000 complaints regarding solid waste	142% accomplishment	17,092 inspections performed	To maintain level of service by responding to 12,000 complaints regarding solid waste and investigate and anticipated 5,000 referrals of no garbage service from the scavenger companies. Initiate an infectious waste handling and disposal program to include medical wastes generated in the home.
Categor: Housing Complaints			
To maintain level of service by performing 14,000 inspections regarding housing complaints and hotel inspections.	94% accomplishment	11,755 inspections performed	To maintain level of service by performing 12,000 inspections regarding housing complaints and hotel inspections, due to staff reorganization.
Category: Miscellaneous			
To maintain level of service by performing 4,000 inspections regarding fumigations, referrals from other departments, etc.	109% accomplishment	4,344 inspections performed	To maintain level of service by performing 4,000 inspections regarding furmigations, referrals from other departments, etc. Update the automatic, hand, and wash laundry permit and inspection program.

PUBLIC HEALTH SERVICES
Environmental Health Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Environmental Health			
Category: Administrative Support			
To collect revenue for Environmental Health Services at $2.7 million.	100% accomplishment	$3.8 million collected	To increase revenue for Environmental Health Services to $4.8 million.
			Development of a 1989 - 90 program plan.
			Design of an M.I.S. for Consumer Protection Program.
			Conduct field tests of hand held computers.
			Review entire inventory of Bureaua forms.
Program: Environmental Health			
Category: Toxic Control Management Program			
To complete four 90-day disposal cycles for City generating sites	100% accomplishment		To complete four 90-day disposal cycles for City generating sites.
To initiate, oversee, and monitor 2 hazardous wate assessments.	250% accomplishment	Hazardous waste assessments were completed on 5 City Departments	
To develop a hazardous waste generator inspection program--15 inspections.	50% accomplishment	Hazardouis Waste Generator Inspection Program developed; no inspections conducted to date. Awaiting passage of ordinance.	To conduct 15 hazardous waste generator inspections in the private sector.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
Environmental Health Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
To train 4,000 City employees on the Hazard Communication Standard. Hazardous Waste Control, and Hazardous Materials Release Response laws.	110% accomplishment	4,427 City employees were trained	To provide training for 100 ployees on respirator protection, 500 employees on heating conservation, 100 employees on asbestos.
To conduct 2,300 above and below ground hazardous materials facilities inspections.	90% accomplishment	2076 above & below ground hazardous materials facilities inspections have been conducted (2 vacant Environmental Health Inspector positions for a portion of the year)	To conduct 2,262 above & below ground hazardous materials facilities inspections. Coordiante inspections, review reports and determine need for air sampling in 82 city buildings which have had an asbestos survey completed.

PUBLIC HEALTH LABORATORY SERVICES

- Need Statement

To date there have been over 6,600 reported cases of AIDS in San Francisco. Some health authorities have estimated that by end of 1989 there will be at least 7,500 cases. A need exists to continue to provide diagnostic laboratory services for AIDS cases and for testing in the community for the antibody to the AIDS related virus. Attempts will be made to secure a continuation of funding for this needed service if Federal and State monies are no longer available.

- Program Description

A major portion of time is devoted to the generation of technical and diagnostic information to aid in communicable disease control. The following services are provided:

- Enteric Bacteriology: Laboratory service for the isolation and identification of all known enteric bacterial pathogens of public health significance is offered to Department medical staff. Cultures of contacts to known cases as well as release cultures for cases occurring in food handlers, patient care providers and child day care operators are offered. Examinations for enteric bacteria are offered to our high-risk gay population.

- Gonorrhea Bacteriology: Laboratory service for the isolation and identification of N. gonorrhea is offered for Department clinics and selected physician offices.

- Tuberculosis Bacteriology: Laboratory service for the isolation and identification of mycobacteria and drug susceptibility testing is offered to Department clinics.

- Special Bacteriology: Laboratory service for the isolation and identification of other bacterial pathogens of public health significance (e.g., listeria, pertussis, brucellosis, etc) is offered to Department medical staff.

- Parasitology: Laboratory service for the identification of intestinal, blood and tissue parasites is offered to Department medical staff. Confirmation of identification made by clinical and hospital laboratories is also offered.

- Mycology: Laboratory service for the isolation and identification of mycotic agents of public health significance is offered to Department medical staff.

- Virology: Laboratory service to aid in the diagnosis of a broad range of diseases of viral and rickettsial etiology is offered to Department medical staff and community physicians. Testing specimens from AIDS cases and high-risk populations will continue. Testing for the antibody to the AIDS related virus will continue through both the Alternative Test Site and private physician programs.

- Syphilis Serology: Laboratory service to aid in the diagnosis of syphilis through serological methods is offered to Department medical staff.

- Food Microbiology and Chemistry: Laboratory service is offered to Departmental medical and environmental health staff to aid in the investigation, epidemiology and control of food poisoning outbreaks in the community.

- Water Microbiology and Chemistry: Laboratory service is offered to Departmental environmental health staff to aid in the surveillance of drinking and recreational water quality.

- Toxicology: Laboratory service for the determination of toxicants in patient specimens is offered to hospital medical staff to aid in patient management.

Reference laboratory services and specialized services offered to the local medical community constitute another major allocation of resources by the public health laboratory. As the County reference laboratory in microbiology, the public health laboratory confirms the identification of various microbiological agents received from medical laboratories. The public health laboratory is the only local and easily available source for the following specialized laboratory services: fluorescent darkfield microscopy test for the treponemes of syphilis; rabies virus testing, food poisoning examination; viral and rickettsial serological testing; drug susceptibility testing and definitive identification of tuberculosis bacteria; and definitive identification of viral and bacterial agents.

Consultation and technical training are offered to the Department's staff and the local medical community and constitute another allocation of resources by the public health laboratory. Technical professional training is offered in all areas of the public health laboratory program to community laboratory personnel.

Proficiency testing and quality control are the indicators of quality-assured laboratory services. These two areas constitute a substantial portion of the resource allocation. Proficiency testing is performed for all areas in which the laboratory offers test procedures. Quality control of all media, reagents and equipment is performed before or concurrently with all test procedures.

Several areas continue to be of concern. Chlamydia infections are causing an epidemic of male and female genitourinary tract infections. Three to ten million new infections occur annually in the United States, comparable to two million gonococcal infections. The infections caused by chlamydia are serious. Pelvic inflammatory disease, infertility, prematurity and neonatal death are associated with chamydia. A need exists to provide much wider

diagnostic laboratory testing services to the community. Better methods for drug detection and identification are needed, but toxicology resources (personnel, equipment and supplies) are limited to a bare minimum. New tests for significant drugs may not be developed and quality control procedures may be applied at only a minimally acceptable level.

The laboratory provides contractual testing service to several Bay Area health departments and hospitals and thereby produces revenue for the general fund. Given the budget for 1989-90 requested by the Department, approximately $160,000 in revenue is expected, as long as no further reductions in personnel and supply resources are imposed upon the laboratory during the year.

- Program Changes for FY 89-90

The ad valorum City Laboratory Services budget dictates a maintenance of effort program. Therefore, there will be no major expansion of laboratory services during the year.

PUBLIC HEALTH SERVICES

f.) Public Health Laboratory Services

Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Public Health Laboratory Services			
To provide 215,000 tests (+ or - 10%) for the public health division	Met. 216,818 tests provided (+1%)		To provide 215,000 tests (+ or - 10%) for the public health division.
To maintain revenue at $100,000 (+ or - 15%)	Met. 176,848 collected in fees (+ 10%)		To maintain revenue at $160,000 (+ or - 15%)
To report within 2 working days of specimen receipt, 90% of all microscopic examinations for acid-fast bacilli.	Met. 100% of exams (+ 11%)		To report within 2 working days of specimen receipt, 90% of all microscopic examinations for acid-fast bacilli.
To report within 2 working days of specimen receipt, 90% of all serum VDRL tests for syphilis.	Met 100% of exams. (+ 11%)		To report within 2 working days of specimen receipt, 90% of all serum VDRL tests for syphilis.
To report within 3 working days of specimen receipt, 90% of all culture negative examinations for gonorrhea.	Met 99% of exams. (+ 10%)		To report within 3 working days of specimen receipt, 90% of all culture negative examinations for gonorrhea
To report within 5 working days of specimen receipt, 90% of all microscopic examinations for ova and parasites.	Met. 99% of exams. (+ 10%)		To report within 5 working days of all microscopic examinations for ova and parasites.

Sexually Transmitted Disease Control

- Need Statement

San Francisco's reported sexually transmitted disease (STD) case rates continue to be among the highest in the country for gonorrhea, syphilis, enteric infections and AIDS and have increased significantly in the past 2 years; gonorrhea rates increased in 1987, syphilis rates increased in 1988, and PPNG and chancroid rates increased in 1989. These diseases continue to be a problem that must be addressed, especially among heterosexual minorities. STD Control is especially important at this time because persons seeking treatment for STDs are not engaging in safe sex practices and are, therefore, at risk for human immunodeficiency virus (HIV) infections. Furthermore, recent studies have implicated some STDs especially syphilis, herpes and chancroid as cofactors in the acquisition of HIV.

- Program Description

The San Francisco City Clinic, which is located at 356 7th Street, provides confidential evaluations, diagnosis and treatment of syphilis, gonorrhea, chlamydia, chancroid, pelvic inflammatory disease (PID), non-specific urethritis, epididymitis, cervical dysplasia, herpes, venereal warts, candida, trichomonas, bacterial vaginosis, intestinal parasites, scabies, and crabs; AIDS/STD risk reduction education and counseling and anonymous HIV testing. Gonorrhea, chlamydia and syphilis screening are also provided in the Health Centers, Larkin Street Clinic, Youth Guidance Center and the Jails. Additional services include:

- Health education and community outreach to high risk groups including minority in-school and out-of-school youth;

- Disease surveillance conducted by review of laboratory notifications, hospital and clinical records, physician reports, etc.;

- Education for professionals on STD patient protocols and/or case consultation with other public clinics and the private medical community;

- Gonorrhea screening for female patients using facilities outside of City Clinic. Currently, 50,000 cultures are performed per year at outside facilities.

- Chlamydia screening for female patients using facilities outside of City Clinic. Currently 6,000 tests are performed each year at outside facilities.

- Case finding and epidemiologic followup of individuals suspected or identified as having an infectious case of gonorrhea, penicillinase-producing Neisseria gonorrhea (PPNG) or chromosomally-mediated resistant gonorrhea (both are specific antibiotic resistant strains of gonorrhea); chancroid, chlamydia and infectious syphilis;

Finally, a computerized STD morbidity registry is maintained at the City Clinic to facilitate clinic and field operations.

Tuberculosis Control

- Need Statement

San Francisco ranks third among the nation's cities in its tuberculosis case rate. Immigrants and refugees make up more than half of the case load due to the continuous influx of persons from Asia, Latin America, the Philippines and other countries where tuberculosis is not under control in the general population. Tuberculosis remains prevalent among alcoholics and the homeless in San Francisco's shelters. A new population with a high incidence of tuberculosis is those with AIDS or HIV infection. As HIV infection penetrates the IV drug using population (already at high risk of tuberculosis), the incidence of TB will rise unless preventive measures are taken.

- Program Description

Diagnosis, treatment, epidemiologic followup, and case finding are the tuberculosis services offered by the Department of Public Health's multi-lingual staff at several sites throughout the city, including San Francisco General Hospital (SFGH), as well as facilities in Chinatown and the Tenderloin. The SFGH site offers the largest volume and variety of services, including a case registry that is the focus of epidemiologic case finding and followup services. The Chinatown facility serves primarily Chinese and Southeast Asians. The Tenderloin facility supervises treatment for an elderly, alcoholic population incapable of assuming responsibility for treatment compliance.

Professional education and case consultation are also available, and all children who are found to have a positive PPD through mandatory screening of new school enterers are followed up by health department staff. Services are provided without charge to ensure that financial barriers do not prevent compliance with public health recommendations.

Immunizations

- Need Statement

By law children entering school must show proof of having been properly immunized against 7 vaccine-preventable diseases. Children of immigrants and other newcomers tend to have a poor immunization history and therefore must be carefully evaluated and frequently require immunizations or reimmunization. Influenza vaccine is distributed annually to older individuals and the other "at risk" populations of San Francisco. In 1988, 25,458 influenza immunizations were administered as part of the county-managed program. A total of 29,698 childhood immunizations were given by the Department. In addition to the standard vaccines against polio, tetanus, diphtheria, pertussis, measles, rubella and mumps, new vaccines against Haemophilus influenza b (Hib), and pneumococcal pneumonia are now regularly administered at Health Department clinics. Lastly, hepatits B vaccine is necessary for protecting infants and household contacts from infection and possible hepato-cellular carcinoma.

- Program Description

Standard immunizations are provided to children at the seven primary care health centers throughout the year for a fee of $5 per visit. This fee is waived when the family is unable to pay. Influenza immunizations are offered every year in the fall in a community-wide program. Influenza vaccine is distributed to hospitals, physicians, nursing and convalescent homes upon request. Infants born to women who are hepatitis B carriers are at risk of themselves becoming carriers and later developing liver diseases and cancer. A program has been created to identify and track these infants to assure that they receive all three doses of hepatitis B vaccine. Hepatitis B vaccine is also offered to the susceptible household contacts of these cases. The Department also coordinates on-going, extensive educational and promotional activities.

The State provides immunizing agents against polio, tetanus, diphtheria, pertussis, measles, mumps, rubella, pneumococcal pneumonia and haemophilus influenza b to the County on an on-going basis. The County must purchase Hepatitis B, Td, DT and PPD at an estimated cost of $17,470 for the 1989-90 fiscal year.

In the Fall of 1988, preschool attendees (8,724 children attending 207 preschools) and kindergarten students (7,326 students attending 154 schools) were assessed to determine if they met school immunization requirements. In the Spring a selected review of 12 preschools and 12 kindergartens was conducted to verify the immunizations levels.

- Need Statement

Non-infectious diseases are by far the leading causes of death in San Francisco, as in the rest of the country. However, there are few epidemiological data available to the San Francisco Department of Public Health concerning these diseases. This hampers efforts towards preventing and planning services for a wide range of non-infectious diseases including hypertension, cancer, drug overdoses and injuries and diseases associated with environmental hazards.

- Program Description

The non-infectious disease epidemiology unit is located at 101 Grove Street and provides surveillance and investigation of non-infectious diseases including cancer, chronic diseases (e.g., hypertension and diabetes), injuries, and diseases due to environmental toxic hazards as well as evaluation of programs aimed at reducing mortality and morbidity from non-infectious diseases. Additionally, the unit provides data at the request of other programs within the San Francisco Department of Public Health and other agencies. In FY 1988-89 accomplishments included:

1. Establishing a surveillance system for cocaine-related deaths and emergency room visits.

2. Undertaking studies of Chronic Fatigue Syndrome, San Francisco drug-related deaths and childhood cancers in Noe Valley.

3. Analysis of death certificate data to document trends in AIDS related deaths and YPLL.

4. Analysis of hospital discharge data to document injuries in the elderly and in children.

5. Working with the AIDS office and California Department of Health Services on a NCI funded project to document AIDS-related malignancies.

6. Working with Bay Area Cancer Coalition nutritionists to develop a nutrition and cancer questionnaire.

General Communicable Disease Control

- Need Statement

In addition to tuberculosis, AIDS, and other sexually transmitted diseases, more than 50 other communicable conditions are reportable to the Health Department. In 1988 over 2,971 such cases were reported and required public health action ranging from routine follow-up to major investigation and control efforts to prevent spread.

While the Bureau serves the entire city, certain population groups are at higher risk of acquiring infections. Infectious diseases of the respiratory and gastrointestinal tract spread readily in day care centers, affecting many children and parents in the community. Prevention efforts through education will continue this year to try to reduce the occurrence of disease in these settings. The universal screening of pregnant womem for hepatitis B is of particular importance in this city given its large at risk population, i.e., Asians and IV drug using mothers. A comprehensive, computerized hepatitis B tracking program is in place to ensure the transfer of information between community clinics and county hospital so that all the major objectives of the program are carried out. Gay men are at high risk of developing sexually transmitted enteric infections. A program to identify, test and counsel this group is in place. Laboratory tests are available at no cost through participating public health sites in the city.

- Program Description

The Bureau maintains a program to collect, analyze and evaluate information concerning the distribution and the extent of communicable disease in the city with the ultimate goal of reducing its occurrence. Information obtained from medical care providers, laboratories, clinics, hospitals, schools and individuals is collected and interpreted to initiate appropriate public health action. Special surveillance programs are carried out on certain diseases of particular interest, such as viral hepatitis, amebiasis, salmonellosis, and shigellosis.

A major effort is underway to reduce the consequences of hepatitis B infection for infants born to carrier mothers through vaccination. The program is comprehensive and addresses other needs, including epidemiological followup of household contacts and an educational component that focuses on educational outreach specific to the at risk population.

The Division initiates followup on reported animal bites for rabies control. Seven hundred and sixty-five reports were recorded in 1988, many requiring negotiations with owners, victims, and police. This activity has assumed increased importance as result of a fatal case of human rabies in a San Francisco resident in 1987.

The Division continues to support a health education program for Day Care Center providers to stress the importance of communicable diseases in this age group and teach how to prevent their spread. Enforcement of existing immunization requirements by providers is an important part of disease reduction.

Human Immunodeficiency Virus (HIV) Services

Primary responsibility for AIDS surveillance and other programs is in the Department's AIDS Office. However, since AIDS is a major health program in the County, it is important that control efforts take place in all appropriate segments of the Department. Correspondingly, AIDS education and risk reduction are a part of the sexually transmitted enteric disease program and hepatitis B counseling at the Central Office. The sexually transmitted disease clinic provides HIV risk reduction assessments on every client attending City Clinic followed by the appropriate counseling. Anonymous HIV testing and counseling are offered at both the City Clinic and the Tuberculosis Clinic.

PUBLIC HEALTH SERVICES
g.) Communicable Disease Control and Epidemiologic Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Communicable Disease Control and Epidemiological Services			
Category: Sexually Transmitted Disease			
To provide expanded comprehensive STD services at a rate of 28,000 patients per year at City Clinic to include evaluation for syphillis, gonorrhea, chancroid, chlamydia, papilloma virus other vaginitis/urethritis syndromes and other STDs.	26,934 patient visits	Staffing shortages have contributed to a decrease in the number of clients served and our ability to meet this objective	To provide comprehensive STD services at a rate of 28,000 patients per year at City Clinic to include evaluation for syphilis, gonorrhea, chlamydia, vaginitis/urethritis syndrome and other conditions.
To interview 95% of all newly diagnosed cases of infectious syphilis and symptomatic diagnosed cases of gonorrhea seen at City Clinic	98.7% inverviewed		To interview 95% of all new cases of infectious syphilis, PPNG, chancroid and symptomatic diagnosed cases of gonorrhea seen, at City Clinic.
To locate and bring to examination 85% of contacts to early syphilis and 80% of contacts to gonorrhea.	80.6% of syphilis contacts examined; 70.2% of gonorrhea contacts examined		To locate and bring to examination at least 85% of contacts to early syphilis and 80% of contacts to gonorrhea, chancroid, and PPNG.
To provide chlamydia testing and evaluation at City Clinic for a total of 9,000 patients who are deemed to be at risk.	9,734 patients tested		To provide chlamydia testing and evaluation at City Clinic for a total of 9,000 patients who are deemed to be at risk.
			To provide AIDS/STD risk reduction education/counseling to 70% of new patients seen at City Clinic.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
g.) Communicable Disease Control and Epidemiologic Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Communicable Disease Control and Epidemiological Services - continued			
Category: Tuberculosis Control			
To maintain the level of tuberculosis diagnostic, treatment, and epidemiologic services at 30,000	25,795 services provided	Decrease due to downward trend in the number of SE Asian newcomers.	To maintain the level of tuberculosis diagnostic, treatment, and epidemiologic services at 26,000
To complete multidrug treatment for 91% of newly diagnosed tuberculosis cases.	95.2% completed treatment		To complete multidrug treatment for at least 94% of newly diagnosed T.B. cases.
To complete prescribed prophylactic treatment for 88% of identified close or high risk contacts of T.B.	82.5% completed prophylaxis	Change in the ethnic makeup of at-risk population impacted on this activity. Individual case management for prophylaxsis will be implemented.	To complete prescribed prophylactic treatment for at least 85% of identified close or high risk contacts of tuberculosis.
Category: Immunizations			
To increase immunizations levels to 95% for entering kindergartners in accordance with national goals	1988-89 kindergartners adequately immunized Polio: 92.2 DPT: 92.5 Measles: 97.5 Rubella: 97.5 Mumps: 97.5		In increase immunization levels to 98% or greater for entering kindergartners for each of the legally required immunizations.
To maintain immunization levels at 95% or greater among infants and preschool children.	1988-89 preschool attendees adequately immunized: Polio: 97.5 DTP: 98.4 Measles: 99.2 Rubella: 99.2 Mumps: 99.2		To maintain immunization levels at 95% or greater among infants or preschooler.

PUBLIC HEALTH SERVICES

g.) Communicable Disease Control and Epidemiologic Services

Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Communicable Disease Control and Epidemiological Services - continued			
Category: Immunizations - continued			To provide hepatitis B vacine to 98% of infants born at SFGH to hepatitis B surface antigen positive mothers and counsel mothers appropriately. To provide hepatitis B vaccine to 50% of susceptible household contacts of hepatitis B surface antigen positive mothers.
Category: Non-Infectious Disease Epidemiology			
To continue to develop a surveillance system for non-infectious diseases using computerized data sets including death certificates, hospital discharge and cancer registry data.	Participated in planning for proposed DPH surveillance system and established a micro-computer based surveillance system for cocaine related deaths and emergency room visits.		To continue to develop a surveillance system for non-infectious diseases using computerized data sets including death certificates, hospital discharge and cancer registry data and routinely collected non-computerized data including medical examiner's and hospital discharge data.
To conduct investigations of clusters or unusual occurrences of non-infectious diseases and continue to assist in the evaluation of intervention programs.	Established procedures for non-infectious disease clusters and undertook investigations at different levels.		To respond to 100% of requests to evaluate and conduct investigations of clusters or unusual occurrences of infectious diseases and continue to assist in the evaluation of intervention programs.
To do analyses and provide the Director of Public Health and other programs and agencies with data on non-infectious disease.	This includes 2, 3 and 4 in the program description as well as providing specific analyses of death certificate data on request.		To do analyses and provide data on non-infectious diseases to other programs and agencies.

PUBLIC HEALTH SERVICES
g.) Communicable Disease Control and Epidemiologic Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Communicable Disease Control and Epidemiological Services - continued			
Category: Non-Infectious Disease Epidemiology - continued.			
To continue working to accomplish the goals of the Bay AreaCancer Coalition (BACC) by serving on the cancer and ddata subcommittees.	Principal investigator for a successful BACC nutrition group grant application to the Northern California Cancer Center survey instrument.		To continue working to accomplish the goals of the Bay Area Cancer Coalition by serving on the nutrition to develop a nutrition and cancer and cancer, and data subcommittee.
To work with the AIDS Office, and California Department of Health Services in studying AIDS related malignancies.	The San Francisco Oakland SMSA Cancer and San Francisco AIDS registries were merged and preliminary analyses of AIDS-related malignancies were done.		To work with the AIDS Office, California Department of Health Services and in studying AIDS related malignancies. To work with the Center for Injury Prevention to establish a surveillance system for gun-related deaths and injuries. By Jan. 1, 1990 to deveop the capability to analyze birth and death records.
Category: General Communicable Disease Control			
To provide disease surveillance, epidemiologic investigations, and follow-up for 2,500 cases of communicable diseases, such as hepatitis, meningitis, and foodborne outbreaks	2,071 cases		To provide disease surveillance, epidemiologic investigation and follow-up for 3,000 cases of communicable diseases, such as hepatitis, meningitis, and foodborne outbreaks.
To provide surveillance and evaluation for 900 reported animal bites	765 animal bite reports	A decrease in reported cases necessitates an adjustment	To provide surveillance & evaluation for 800 reported animal bites.
To dispense free immune globulin (IG) to all viral hepatitis contacts.	193 doses given		To dispense free immune globulin (IG) to all viral hepatitis contacts.

PUBLIC HEALTH SERVICES
g.) Communicable Disease Control and Epidemiologic Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Category: AIDS SERVICES			
To provide an outreach program to find cases of sexually transmitted enteric disease and identify their contacts, and to provide them with laboratory evaluation, treatment, and counseling services	1,640 stool specimens were examined		To provide an outreach program to find cases of sexually transmitted enteric disease (STED) and provide them with laboratory evaluation, treatment, STED counseling, and AIDS risk reduction education.
To publish the San Francisco Epidemiologic Bulletin, on a monthly basis for the professional community, with information on disease trends and prevention	Circulation 2,800		To publish the San Francisco Epidemiologic Bulletin, on a monthly basis for the professional community, with information on disease trends and prevention.

COMMUNITY HEALTH STATISTICS

Vital Statistics Registration and Certification

- Need Statement

Certified copies of birth and death certificates are needed for a multitude of purposes.

- Program Description

This program registers all births, deaths and fetal deaths occurring in San Francisco and certifies vital documents requested by the public in person or by mail.

A microfiche conversion of records project which began in July of 1988 is mostly completed. Final updates should be completed within the first six months of FY 1989-90. The project will protect our badly deteriorating records and source of revenue and ensure our ability to continue service to the public.

An Automated Vital Statistical system (AVSS) for registering births and entering medical data directly by hospitals via computer continues to be operative in the Bureau and two new hospitals are scheduled to be added early in FY 1989-90. Automated census tracting, funded by a SNAP grant, was installed in the system during the latter part of FY 1988-89. When State tests have been completed to determine that electronic data collected via AVSS conforms to State and Federal standards, electronic data will be submitted to the Office of the State Registrar via tape.

Statistical Compilation and Reporting

- Need Statement

Statistical data are needed for Departmental planning.

- Program Description

This program prepares annual statistical reports and annual maternal and child health tables which are used for Departmental planning.

During FY 1988-89, funds were obtained from the State Vital Records Improvement Project (VRIP) County Assistance Program for purchasing a personal computer to be used in the Bureau for verifying and editing AVSS data and for statistical analysis of electronic birth data. Although data is collected on AVSS, it is a far better collection system than a system for the manipulation and analysis of statistical data. The PC should be delivered early in FY 1989-90. the VRIP County Asistance funds are provided by a small portion of the two-dollar surcharge collected on each certified copy issued by the counties and transmitted to OSR each month.

Public Information

- Need Statement

Statistical information is needed by other sections of the Health Department, other government agencies, health professional and the public. The public also needs information on obtaining and amending birth and death certificates.

- Program Description

This program satisfies 10 to 20 requests for statistical information weekly from professionals and the public. Two hundred calls are received daily for information on birth and death certificates.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
h.) Community Health Statistics
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Community Health Statics			
Category: Vital Statistics Registration and Certification			
To maintain registration of an expected 22,000 births, deaths & fetal deaths.	Full accomplishment	24,818 registered.	To maintain registration of expected 23,000 births, death & fetal deaths.
To maintain the 1987-88 level of service by issuing 95,000 certified cipies of birth and death certificates	Full accomplishment	99,344 issued - see below	To maintain the 1988-89 level of service by issuing 97,000 certified copies of birth & death certificates
To maintain records & statistics revenue at current level of $425,000	Full accomplishment	$442,066 collected; less revenue than previous FY due to staff reduction & mail request backlogs.	To maintain records & statistics at current level of $435,000.
To establish a new level of efficiency by issuing birth & death certificate mail requests within 406 weeks of receipt of request.	Full accomplishment	Certificates issued within 4-6 weeks of receipt of request.	To establish a new efficiency level by issuing birth and death mail receipt of request as a result of receipt of request as a result of partially restored staff.
To issue one annual Statistical Report for 1987.	Full accomplishment	1987 statistical base of data available now.	To issue one annual Statistical Report for 1988.
Category: Public Information			
Statistical staff will fill all requests for statistical information	Full accomplishment	All requests filled.	Statistical staff will fill all requests for statistical information.

SENIOR HEALTH SERVICES

A particularly large (20+%) over 60 population has created the need for extensive senior services throughout the City. Despite a great deal of investment and attention to long-term care policies and programs, there is still a great need to improve, integrate and expand the availability and accessibility of services to the elderly. Census data from 1980 indicate 15 percent of San Francisco's population is 65 years of age or older. Thirty-four percent of these elderly citizens live alone, 23 percent are members of minority populations, 7 percent are of Spanish origin and 9 percent have incomes below the Federal poverty level.

The Office of Senior Health Services is responsible for programs that serve seniors exclusively. However, to address the bio-psycho-social needs of this population an intergenerational program focus is encouraged and incorporated in service delivery whenever possible. Institutionalized programs include:

1. The ElderCare program (geriatric case management) which was originally funded by the Robert Wood Johnson Foundation.

2. The Senior Information and Referral Program, which is a federally mandated program for the Commission on Aging (COA) and is partially funded by the Department of Public Health.

3. The Senior Medication Education Program, which is partially funded by State Special Needs and Priority allocations to the County.

4. The CHIPPS Program (Community and Home Injury Prevention Project for Seniors), which is partially underwritten by a grant from the Henry J. Kaiser Family Foundation.

5. Additional Departmental projects include: North of Market Multipurpose Senior Services, the Downtown Senior Center, the Bayview Hunter's Point Multipurpose Senior Services Center, and the Grandparents as Parents Support Group. These programs are linked to the Office of Senior Health Services by direct funding,, memorandums of understanding or by contract.

The comprehensive health care needs of San Francisco's seniors are addressed through the Office of Senior Health Services by a myriad of creative funding mechanisms and a blending of community based programs. Senior Services are not mandated and do not receive AB 8 allocations.

ElderCare Program

o Need Statement

There are 104,000 individuals over the age of 65 residing in San Francisco. They constitute over 15% of the City's residents. This is substantially higher than the National or State percentages, 11% and 10% respectively. The San Francisco Department of Public Health provides an extensive array of medical, psychosocial and related services to this population. Yet, most of these services are not well coordinated. Institution and community-based services are fragmented, with little information shared between providers in each setting. As a result, seniors experience difficulty obtaining access to services or may receive inappropriate care. The most severe impact is felt by those with the least ability to make sense of this fragmented system - frail and poor older adults. The ElderCare Program is designed to improve services for seniors throughout the Department of Public Health by coordinating services for this group of elderly adults and educating providers about more appropriate methods of servicing this specific population of seniors. As the Robert Wood Johnson grant support for the ElderCare program ends June 30, 1989, additional resources and intra-departmental joint venture programming will be pursued.

o Program Description

ElderCare provides comprehensive case management services to frail seniors who are referred to the program by Departmental and non-Departmental service providers, family or friends. Case management is the mechanism through which ElderCare facilitates the coordination, linkage and integration of health, aging and social services delivered by both DPH and non-DPH providers to Departmental clients. The target population is seniors over the age of 60 who need case management to locate and arrange for necessary services or to manage personal or financial affairs. The average ElderCare client is referred by the primary care staff at SFGH outpatient clinic, or a community based linked clinic such as South of Market Health Center, North of Market, Potrero Hill or Southeast Health Center. The patient's multiple medical, social and psychological problems compromise his or her ability to function at home in the community, and complicate the implementation of the clinic's care plan.

The ElderCare program operates city-wide. ElderCare's case management staff work with clinic staff and the client to resolve the patient's problems, and support medical, nursing and social work staff in the provision of primary care. Case Management, or care coordination is comprised of the following activities: intake, assessment, home visits, care plan development, arranging for and monitoring services delivery, and reassessment. Key components of the ElderCare model are:

- Centralized intake
- Comprehensive bio-psycho-social assessment performed in the clients' homes.
- Care plans developed pursuant to the assessment by a multidisciplinary team (nurse, social worker, physician and clinical pharmacist).

o Program Changes

During fiscal year 1988-89, the Office of Senior Health Services, ElderCare Program, was successful in developing a memorandum of understanding with the Department of Public Health's Geriatric Public Health Nursing Division to officially merge the two programs. The name ElderCare, a symbolic and functional institutionalization of the Robert Wood Johnson grant effort, was officially retained.

With the conceptualization and emergence of one citywide Geriatric Public Health Program, ElderCare will not only provide case management services to those seniors who receive their primary health care from public sector providers, but will now include private sector clientele as well.

The institutionalization of one citywide Geriatric Program will improve the overall capabilities of the Department to provide case management services, as well as provide greater access to services through coordination within an integrated, case management service delivery system. To formalize the merged program, a review and integration of the two tiered systems of case management was made by program clinical and case management staff. Utilization review and standardization of client eligibility criteria, program protocols, assessment tools, intake and case conferences (with medical and pharmacy consultation), focusing on timely follow-up assessment, and or appropriate referral of the client are to be evaluated at six week intervals throughout the year.

PUBLIC HEALTH SERVICES

i. Health Services for the Elderly - ElderCare
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Provide case management to 280 unduplicated clients.	489 unduplicated clients were enrolled and provided with long term case management. 62 unduplicated clients were provided short term case management.		
Provide 1,500 home visits.	1,800 home visits provided.	Merger with PHN-Nursing increased staffing capabilities.	
Provide psycho-social and health assessments to 140 clients	140 clients assessed.		
Provide 6 geriatric staff training and education programs; and 2 mini staff trainings to DPH staff.	10 training programs were provided.		

i. Health Services for the Elderly - ElderCare
Program Objectives/Assessment of Accomplishements

FY 1989-90
Program Objectives

Goal #1: To provide leadership in planning and coordination of a continuum of Long Term Care (LTC) services for older adults in San Francisco.

Objective 1.

By January 30, 1990, ElderCare in conjunction with SRx will conduct a needs assessment with 10 administrators of Residential Facilities for the Elderly to identify administrators and resident's unmet needs for training and consultation regarding medications and geriatric case management services.

Goal #2: To develop a coordinated system of Senior Health Services and programs within the San Francisco Department of Public Health.

Objective 1.

By July, 1990, the Program Manager and Health Educator, ElderCare, will convene four meetings of the ElderCare Education and Training Committee with representatives from DPH Programs that serve the elderly as a means of assuring coordination and integration of staff training efforts.

Objective 2.

By September 1989, the Health Educator, ElderCare, will recruit representatives of Laguna Honda Hospital and the health center primary care planning committee to participate in the ElderCare Education and Training committee.

Objective 3.

By November 1989, the ElderCare Program manager in conjunction with the OSHS Director, will assist in developing a report documenting all current activities in the Department of Public Health that support a continuum of long-term care.

PUBLIC HEALTH SERVICES

i. Health Services for the Elderly - ElderCare
Program Objectives/Assessment of Accomplishements

FY 1989-90
Program Objectives

Goal #3: Develop within the Office of Senior Health Services a coordinated integrated range of services that promotes health, prevents disease, and manages care of older adults in San Francisco.

Objective 1.

By December 1989, the ElderCare program will be integrated and linked to CPHS primary health care system sites through ElderCare geriatric case management (35 cases).

Objective 2.

By March 1990, ElderCare will be coordinated and linked to COA funded S.F. Senior Service Centers through 5 site visits per month for outreach, education, and referral.

Objective 3.

By May 1990, ElderCare will be coordinated and linked with Laguna Honda Hospital and the SF Adult Day Health Network through staff assigned to Adult Day Health Council.

Objective 4.

ElderCare and SRx will develop a proposal to fund a joint case management/medication consultation program for RCFE residents and operators by June 30, 1990.

Objective 5.

The ElderCare Program Manager and case management staff will initiate a training and orientation to designated I&R staff in order to institute I&R as an entry point for all ElderCare intakes by June 30, 1989.

Objective 6.

The ElderCare Program Manager, in conjunction with the ElderCare Case Management Team will review and revise intake, referral, and psycho-social assessment instruments by September 30, 1989.

PUBLIC HEALTH SERVICES

i. Health Services for the Elderly - ElderCare
Program Objectives/Assessment of Accomplishements

FY 1989-90
Program Objectives

Goal #4: To provide health promotion services to older adults in San Francisco that will enhance their quality of life and total well-being.

Objective 1.

By September 30, 1989, the Program Manager and Health Educator of ElderCare will have completed a "Traveling Display" portfolio to be utilized for the purposes of program promotion and health education.

Objective 2.

ElderCare Program will provide 2 outreach and in-service training sessions to providers of service and caregivers during FY 89-90.

Goal #5: To provide direct services that will maintain and improve the health and independence of older adults in San Francisco.

Objective 1.

ElderCare/Geriatric Case management program will provide on-going city-wide support services to 1,000 clients through the primary care system including SFGH and private physician referrals.

Objective 2.

ElderCare/Geriatric Medical Consultant will continue to provide on-going case management consultation and will develop and maintain a quality assurance program by September 30, 1989.

PUBLIC HEALTH SERVICES

i. Health Services for the Elderly - ElderCare
Program Objectives/Assessment of Accomplishements

FY 1989-90
Program Objectives

Objective 3.

By June, 1990, the Health Educator, ElderCare, will conduct ten mini-classes on AIDS to the elderly.

Objective 4.

By June, 1990, the Health Educator, ElderCare, will develop a fact sheet on the risks of AIDS to the elderly and distribute 250 copies.

Objective 5.

By June, 1990, the Health Educator, ElderCare, will provide ten outreach visits to communities that have been identified as underserved.

Goal #6: To provide technical assistance, continuing education and in-service training on geriatric health issues to senior service providers.

Objective 1.

The ElderCare Program manager and Medical Consultant will provide at least six staff inservices by June 30, 1989.

Objective 2.

The ElderCare Program Manager and case management staff will provide one two hour inservice to PHN staff at each of the five health centers by May 30, 1989.

Objective 3

The ElderCare Program Manager and SPHN will provide one two hour inservice to the SPHN staff at each of five district health centers by June 30, 1989.

i. Health Services for the Elderly - ElderCare
Program Objectives/Assessment of Accomplishements

FY 1989-90
Program Objectives

Objective 4.

The ElderCare Program Manager and SPHN will provide a one hour program related inservice to other DPH affiliated agencies and units by September 30, 1989.

FY 89-90
Component B. Public Health Services
Office of Senior Health Services
Office of Senior Information
Referral and Health Promotion

- Need Statement

The population over 60 years of age is steadily increasing nationally and in San Francisco. Currently, over 20% of the population in the City is over 60 years of age. San Francisco is, in most areas, rich in community resources to meet the needs of this older population group. However, the community is often not aware of the resources or of how to effectively utilize them. More than 2000 individuals a month use the services of the Office of Senior Information, Referral and Health Promotion - approximately 700 walk-in and 1300 by telephone.

- Program Description

The office of Senior Information, Referral and Health Promotion provides a variety of services.

a. Information and Referral
Staff provide older adults with information about and referral to the wide variety of health, recreation, legal and social services agencies and programs in San Francisco. An annual Directory of Senior Services in San Francisco is produced and distributed by this Office. In addition, a variety of special lists of senior services (housing exercise programs, in-home support service providers, etc.) are compiled and provided to the public by the staff.

b. Health Promotion

- Health Screening:	Blood pressure and colorectal screening
- Health Education:	Smoking cessation classes, arthritis self-management classes
Health Information:	A wide selection of health education print and audio-visual materials

c. Gold Card Discount Program

Local merchants are solicited by the Office to give discounts to adults over the age of sixty who possess a Gold Card. The Office gives out the free Gold Card to seniors and prints a directory of merchants who participate in the program.

d. MUNI I.D. Card

Staff are the sole source provider of the Municipal Transit senior discount card. This card is given free of charge to persons 65 years of age and older and allows them to ride MUNI for $.15.

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
To produce one Senior Resource Guide on County Services for Older Adults.	Objective met		IR+HP staff will produce and distribute 500 copies of "A Senior Resource Guide on County Services" for older adults by 6/90.
To inform 500 people about available services to older adults in San Francisco-via public presentations to groups (employee groups, pre-retirement groups, clubs, organizations)	Objective met		IR+HP staff will provide a maximum of 5 community "on-site" visits per month to senior centers, clubs, groups, and organizations where one or more of the following services are provided: • One-to-one information and referral service • Gold Card and Muni ID's are distributed and/or • Group presentation about senior services
To participate with the Coalition of Agencies Servicing the Elderly in organizing and carrying out the 4th Annual "Bay to Breakfast Senior Walk for Health" on September 1, 1988.	Objective met		The director of IR+HP will serve as President of CASE 1/90-12/90.
Provide Blood Pressure Screening to 100 persons.	Objective met		IR+HP staff will provide blood pressure screening to 175 older adults by 6/90.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Work with a small committee of CAIRS and the State Department of Aging to initiate State Standards for senior I&Rs.	Objective met		The Director of HR+HP will serve as President of CAIRS through 1/31, 1990. The IR+HP Director will work with a small committee of CAIRS and the State Dept. of Aging to initiate State standards for Seniors I&R's by 6/90.
Maintain accurate list of the following services: Housing, Employment, Senior Centers and Clubs, Recreation and Leisure Activities, Support Groups, Exercise Classes, Tours & Vacation Opportunities for Older Adults.	Objective met		During FY 1989-90, IR+HP staff will develop, maintain, and print a minimum of 13 frequently utilized lists of services for older adults in San Francisco.
Maintain Senior Newsline calls. Calls at 50 per week.	Objective met		The I&R Health Worker IV will institute the phone entry point within IR+HP for the Eldercare Project by 8/1/89. IR+HP staff will provide "senior net" services to 100 seniors by 6/90.
Screen 50 persons for colorectal cancer.	Objective not met	DPH lab not funded to test hemocult slides.	

PUBLIC HEALTH SERVICES

Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion

Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Update and produce one directory titled "Services for the Homebound"	Objective met		IR+HP staff will update, print and distribute to 500 older adults 1 directory entitled "Services for the Homebound" by 6/90.
To provide 750 client information units per month.	Objective met		IR+HP staff will provide the following units of service by category: Client Information 9,000 Client Referral: 6,000 Eligibility check-ups 100 Follow-ups 1,800 Gold Cards Merchants 530 Partnership Group 50 People via group presentations 1,000 Senior Gold/Muni ID 3,000 Senior Newsline calls 600 # films provided upon request 50 # print materials distributed 7,000
To provide 500 client referral service units per month.	Objective met		
To provide 150 follow up units of service per month.	Objective met		
To provide 250 clients per month with Senior Gold Card or Muni I.D. card.	Objective met		IR+HP staff will produce two (2) six-month appendices to the Gold Card Merchants Directory in FY 89-90

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Coordinate the Eligibility Check-up Coalition Plan and carry out the Eligibility Check-up program in 8 agencies in San Francisco	Objective met		The IR+HP Director will coordinate the Eligibility Check-up Consortium for 8 agencies in S.F.
Participate with Suicide Prevention and Friendship Line to carry out a needs assessment and design a planning document and fundraising strategy to address suicide and the elderly in San Francisco.	Objectives met		
			Trained IR+HP staff will provide three (3) Arthritis Self Management classes by 6/90. (One of which will be in Spanish)
			IR+HP staff will provide employment listing for 20 jobs available per month in their offices for drop-in employment resources to older adults in FY 89-90.

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			During FY 89-90, the Director IR&HP will meet at least once with the following DPH programs to share program information and to discuss collaborative efforts: Laguna Honda Hospital, DPH Office of Health Education and Promotion, Community Public Health Nursing and SFGH.
			Trained IR&HP staff will provide 1 Stop Smoking Class for 60 years of age and older by 6/90.
			IR+HP will develop a community outreach plan to targeted underserved community groups by 1/1/90.
			IR+HP staff will develop and produce a new listing of services title "Week-end Services" for the Elderly" by 12/89.
			IR+HP staff will update and print 1 directory titled "Senior Activities List" by 6/90.
			IR+HP staff will hold 12 Roundtable discussions at their offices (1182 Market) for a minimum of 3 community leaders at each session to orient them to senior services in San Francisco.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			There will be up to 7 inservice training programs provided to the Department's primary care clinics by IR+HP by 5/90.

FY 89-90
Component B. Public Health Services
Office of Senior Services
Office of Senior Information, Referral and Health Promotion
Community and Home Injury Prevention Project for Seniors (CHIPPS)

- Need Statement

With the ever-increasing physical, mental and financial cost of illness and injury, promoting health and preventing illness is a major effort of this office. In July 1987, the Henry J. Kaiser Family Foundation funded the Department for three years to institute a community-based program to reduce unintentional injury occurring to persons over 60 years of age in San Francisco. This new program is called (CHIPPS) (the Community Home and Injury Prevention Project for Seniors).

Injuries are the sixth leading cause of death for persons 65 years of age and older. Persons 75 years and older are at highest risk. The incidence of non-fatal injuries is 23.6 injuries per year for 100 persons 65 years of age and older. This rate is lower than many other age groups but: 1) 90% of injuries require medical attention; 2) severity and recovery time is greater than for any other age group; and 3) the majority of deaths and injuries occur in and around the home.

- Program Description

The goal of CHIPPS is to reduce the rate of unintentional injuries, both in the home and the community, suffered by persons 60 years of age and older in San Francisco. Also, while the highest at-risk group is aged 75 plus, this health promotion community effort will target persons over 65 years of age. This will allow adequate lead time for incorporating health-seeking and prevention-oriented behaviors into normal activity patterns. Because data suggests that the majority of falls, fires and burns occur at home, CHIPPS will focus on the place of residence during the first two years. Data on unintentional injuries that occur in the community (motor vehicle accidents, falls in public places, injuries in nursing homes, etc.) will be collected during years two through five. During years three through five, community efforts will be identified and acted on to address these behavioral and environmental causes.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Category: Community and Home Injury Prevention Project for Seniors (CHIPPS)			
To enroll 363 persons into the CHIPPS Demonstration - 132 of whom will (by June 30, 1989) receive a medication review, home audit and modifications	Objective not met	The cost of repairs exceeded the program's expectations. 200 persons were enrolled and 100 have received medication review.	By December 1989, one SRO site in Chinatown will be chosen and minor repairs conducted to establish a model safe SRO hotel.
To complete the Community Assessment to determine the community contribution to unintentional injury (by December 1988).	Objective met		By December 1989, education presentations will be conducted for at least 50 senior residents of the model safe SRO Hotel.
To develop a community plan of action to reduce unintentional injuries in San Francisco	Objective met		By December 1989, there will be media coverage of the model safe SRO hotel in 3 communities and S.F. newspapers.

PUBLIC HEALTH SERVICES

Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion

Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
To meet with the CHIPPS Community Council 4 times 1988-89	Objective met		By December 1989, implement media plan A) to have CHIPPS covered by at least one local TV station, one radio station & two newspapers; B) Revise CHIPPS Brochure C) Plan PacBell poster; D) Do second state media plan for national coverage. By December 1989, develop and implement a safety education workshop (in English, Chinese & Spanish), reaching a minimum of 200 older participants in San Francisco. By December 1989, develop and produce a Home & Community Safety Resource Guide. By December 1989, establish, publicize and pilot test a Home Safety Section at one Cole Hardware Store and one Wallgreens Store. By December 1989, all recruitments and initial data collection will be completed for 200 clients in the CHIPPS Home Demonstration Project.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			By December 1989, the SFCC will have completed minor home repairs for 200 CHIPPS Demonstration Project clients.
			By December 1989, a draft plan will be developed for low cost home repair services for San Francisco seniors.
			By December 1989, provide medication assessments to 50% of the Home Demonstration Project enrollees.
			By November 1989, provide an inservice to all 24 San Francisco Walgreens Pharmacists on the risk of fall from selected medications.
			By November 1989, write and publish an article on medications and falls for the San Francisco Medical Society, local newspapers, and the Resource Guide.
			By November 1989, a proposal will be prepared and submitted to the Henry J. Kaiser Family Foundation to fund CHIPPS for years 4 & 5.

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			By June 30, 1990, the CHIPPS Community Council will have met 4 times, and each of the four working committees a minimum of 4 times each.
			By June 30, 1990, the baseline data collected on 200 clients enrolled in CHIPPS will be analyzed.
			By June 30, 1990, CHIPPS will monitor, provide consultation and identify educational opportunities related to E-coding in California
			By December 1989, CHIPPS will assist Laguna Honda in conceptualizing and writing grants to fund an injury prevention project at the Hospital.
			By August 31, 1989, CHIPPS will develop a 12 month fundraising plan.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
Office of Senior Health Services, Office of Senior Information, Referral and Health Promotion
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			On the last Saturday in April: CHIPPS will co-sponsor with the Junior League of San Francisco, Inc. the renovation of 18 homes, 1 child-care center, and 1 homeless shelter. This co-sponsorship includes fundraising, setting up a 501-C3, co-chairing a community council, hiring and supervising staff etc.
			By December, 1989, CHIPPS will have a written plan outlining the objectives for January 1, 1990 thru June 30, 1990.

1989-90 AB 8

Component B. Public Health Services
Section i. Health Services for the Elderly

Senior Medication Education Program

Need Statement

The misuse and abuse of both prescription and over-the-counter medications among the elderly population (over 65 years of age) of our nation is well documented. The elderly make up approximately 11.9% of the nation's population, but they represent 16.9% of San Francisco's population. The elderly take 25% of the medicines in this country, more than any other age group. Assuming that San Francisco's seniors consume prescription drugs proportionate to the national rate, they consume 38% of drugs prescribed in San Francisco.

According to a Medicare Drug Utilization Review report by the Inspector General in 1989, seniors account for 39% of all hospitalizations and 51% of deaths from drug reactions. The risk of adverse drug reactions increases with the number of medications an individual may be taking, the number of physicians providing care and the more complex the drug regimen. It is currently estimated that 80% of older adults suffer from at least one chronic disease while 40% may suffer from two or more chronic diseases all requiring some form of medication therapy. The risks range from "minor" reactions, to mental impairment, to falls and injury, to death.

The combination of extensive use of medicines, existence of more chronic illnesses and increased physical sensitivity to drugs places the elderly at a high risk for drug misuse problems. Contributing to this risk is the lack of formal training in geriatric pharmacology available to health providers, leading to sub-optimal prescribing patterns for the elderly.

Program Description

The Senior Medication Education Program (SRx) focuses on the innovative use of educational techniques to reduce medication misuse among San Francisco's senior citizens. Its major activities include 1) provision of personal medication consultations and record cards for clients; 2) classes for seniors on medication-related topics; 3) performances and follow-up discussions by the Senior Theatre Education Project (STEP), which consists of a drama troupe of senior citizens who serve as peer educators; 4) development of multi-lingual medication education materials and 5) inservice and continuing education programs on geriatric medication issues for providers, volunteers, and pharmacy and nursing students. SRx also participates in the case management of frail elderly through the Eldercare Program by addressing clients' medication issues. SRx in San Francsico has served as a model for similar programs in other Bay Area counties, coordinates with three other county health departments (San Mateo, Santa Clara and Solano) and produces cost-efficient, high-quality educational materials for senior consumers.

Program Changes

Elimination of SNAP funding from the California State Department of Health Services for 1989-90 will result in reduction of staffing and consequently reduced provision of services such as medication consultations, in-service education and education for professionals. In addition, expiration of private foundation funding, which had in previous years partially subsidized educational materials development and production, will result in fewer materials available for distribution to seniors. The regional multi-county collaboration will also be reduced, as the central coordination of resources was dependent on private foundation funding. Most participating counties had depended upon state funding which has not been renewed except in two counties.

County: San Francisco

PUBLIC HEALTH SERVICES

i) Health Services for the Elderly - SRx Program

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Office of Senior Health Category: SRx Program			Goal #1: To provide leadership in planning & coordination of a continum of Long-Term Care (LTC) services for older adults in San Francisco
To provide individual medication consultation services to at least 100 senior consumers at senior residential, activity & clinic sites, as well as at our central program office.	Objective met		Objective 1. By January 30, 1990, SRx in conjunction with ElderCare will conduct a needs assessment with 10 administrators of Residential Facilities for the Elderly to identify administrators' and residents' unmet needs for training & consultation regarding medications & geriatric case management services.
To provide in-service and continuing education programs on geriatric medication issues to 200 providers, with 30% requesting further information or materials.	Objective met		Objective 2. Between July 1, 1989 & June 30, 1990, SRx will coordinate a medication monitoring system with Laguna Honda Adult Day Health Center
To develop 3 new patient medication educational materials which will be distributed to at least 300 senior consumers through SRx staff and selected providers in the community	Three new medication educational materials were developed. Distribution will be completed by 8/30/89.	Vacancy of staff pharmacist position for 4 months postponed completion of educational materials, thereby delaying distribution time line.	Objective 3. Between July 1, 1989 & June 30, 1990, SRx Program Manager will coordinate SRx Regional Program, including chairing bi-monthly Regional meetings & negotiating with participating counties for contribution to educational materials production.

County: San Francisco

PUBLIC HEALTH SERVICES

i) Health Services for the Elderly - SRx Programs

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			Objective 4. Between July 1, 1989, and June 30, 1990, SRx Program Manager will participate in the California Medication Education Coalition by providing technical assistance & coordination in the planning & development of Coalition's activities
			Goal #2: To develop a coordinated system of senior health services and programs within the San Francisco Department of Public Health
			Objective 1. By September 30, 1989 SRx will develop annnual goals and objectives for the SRx Advisory Board.
			Objective 2. By October 30, 1989, SRx will recruit 2 new SRx Advisory Board members from Community Substance Abuse & Community Mental Health Programs
			Goal #3: Develop within the Office of Senior Health Services a coordinated integrated range of services that promotes health, prevents disease, & manages care of older adults in San Francisco.

County: San Francisco

PUBLIC HEALTH SERVICES

i) Health Services for the Elderly

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			Objective 1. From July 1, 1989, through June 30, 1990, SRx will maintain a data base which provides quality assurance & outcome information on high-risk SRx & Eldercare medication consultation clients.
			Objective 2. By June 30, 1990, SRx will provide 380 hours of pharmacist consultation & training on geriatric medication related issues to Elder-Care at their weekly case management meetings & through home vists.
			Objective 3. By December 31, 1989, SRx will provide 50 medication related consultations to seniors referred to SRx by the CHIPPS program.
			Objective 4. By February 1, 1990, SRx & ElderCare will develop a proposal to fund a joint case management/medication consultation program for RCFE residents and operators.

County: San Francisco

PUBLIC HEALTH NURSES

i) Health Services for the Elderly - SRx Program

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			Objective 5. By June 1990, SRx will identify & implement one on-going formal mechanism to integrate or link senior medication education services into the primary health care system.
			Goal #4: To provide health promotion services to older adults in San Francisco that will enhance their quality of life & total well-being.
			Objective 1. By August 30, 1989, SRx will translate into Spanish & print 2000 copies of the Over-the-Counter (OTC) Medications Guide for Older Adults.
			Objective 2. By January 30, 1990, SRx will distribute 300 Spanish OTC Guides to 50 community agencies & health providers in San Francisco & Marin counties.
			Objective 3. During July 1, 1989, to June 30, 1990, SRx will distribute Personal Medication Records to 1,000 seniors.

County: San Francisco

PUBLIC HEALTH SERVICES

i) Health Services for the Elderly - SRx Program

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			Objective 4. During July 1, 1989, to June 30, 1990, SRx will provide 6 Senior Theatre Education Program performances to 300 seniors.
			Goal #5. To provide direct services that will maintain & improve the health & independence of older adults in San Francisco.
			Objective 1. From July 1, 1989, to June 30, 1990, SRx will provide 30 mini-classes on medication related issues to 800 seniors with 70% of the senior sites requesting SRx printed educational materials.
			Objective 2. During July 1, 1988, to June 30, 1989, medication education assessment & consultations will be provided to 300 senior consumers, with 30% of identified high-risk clients demonstrating a positive outcome at 6 month follow-up.
			Objective 3. By June 30, 1989, SRx will provide 20 medication assessments & consults to seniors & family caregivers at Laguna Honda Adult Day Health Center.

County: San Francisco

PUBIC HEALTH SERVICES

i) Health Services for the Elderly SRx Programs

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			Goal #6: To provide technical assistance, continuing education & in-service training to senior service providers on geriatric health issues. Objective 1. During July 1, 1989, to June 30, 1990, SRx will develop & provide 2 new inservice presentations on geriatric medication issues to Public Health Nurses in San Francisco. Objective 2. By June 30, 1990, SRx will provide preceptorship & on-site training on geriatric medication education to at least 2 fourth-year clinical pharmacy students. Objective 3. SRx will provide consultation & technical assistance to the California Medication Education Coalition through participation in the development of educational presentations to members at bi-monthly meetings related to medication education.

County: San Francisco

PUBLIC HEALTH SERVICES

i) Health Services for the Elderly - SRx Program

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			Objective 4. SRx will provide technical assistance to 20 health providers during FY 1989-90 on geriatric medication education program development issues.
			Objective 5. By August 30, 1989, SRx will develop a 2-hour geriatric medication awareness curriculum for health professionals to utilize in training non-medical senior service providers.
			Objective 6. By November 30, 1989, SRx will print 1,000 copies of the 2-hour geriatric medication awareness curriculum & distribute it to 200 health providers in San Francisco & Marin conties.

SAN FRANCISCO SENIOR CENTER DOWNTOWN BRANCH

- Need Statement

Approximately 8,000 persons over the age of 60 live in the North of Market catchment area, many in single room hotels without cooking facilities, so low cost meals are a major health and financial need. Many are limited by severe physical and mental disabilities. Many need an environment which can help them form relationships to replace those that have been lost and to strengthen self-confidence and a sense of well-being.

- Program Description

The Downtown Branch of the San Francisco Senior Center provides a wide variety of programs and services to enable older adults to maximize their growth and well-being, including casework, groupwork, outreach, and meals, as well as educational, recreational, and socialization activities. Linkages are arranged with other agencies to provide specialized legal services, health services, and Social Security counseling. In-home assessments, case management, and on-going social support and referral services are provided to medically needy elders who are victims of poverty, loneliness, and isolation.

In November, 1985, the Branch moved from its temporary location at 625 O'Farrell to a new facility at 481 O'Farrell. The new facility is in the O'Farrell Towers Building which provides 100 apartments to low-income seniors and disabled persons. The Branch has six times the space of the temporary facility (approx. 8700 sq. ft.) which includes a large dining/program space; and an office and sitting area on the main level. Classrooms, arts and crafts space, a health screening office and other staff offices are located on the lower level. An outside terrace area is shared by the Branch and the O'Farrell Tower residents.

Health services provided by the Branch include blood pressure screenings once monthly by a retired nurse volunteer. Dental, hearing, vision and other screenings are scheduled throughout the year. Health education lectures/films are provided by appropriate community agencies. Clients in need of medical care are often referred to the North of Market Senior Service Center. Branch staff coordinates with North of Market Senior Service Center staff and Central City Seniors' Unit of Community Mental health with regard to client referrals and care of mutual clients.

Since the move to the large facility, 90-100 seniors use the space daily. Meals have increased from 40 daily to 50/60 daily. Additional meals depend on meal provider's budget and proven need shown by tracking turn-aways. New programs/classes will be added by client interest and recruitment of volunteer staff/teachers. New classes include exercise, ESL and French. Two types of support groups meet: 1) a low-vision/no-vision support group once/month and 2) a weekly men's group staffed by a volunteer facilitator. Training in use of computers for enjoyment, curiosity and employment will begin in FY 89-90 with a generous grant through Pacific Bell.

The Downtown Branch celebrated its 20th birthday in December, 1986. The parent organization, the San Francisco Senior Center celebrated its 40th birthday in 1987, and has the honor of being the oldest non-profit senior center in the United States.

The Downtown Branch facility is a welcome addition to the Tenderloin/North of Market area. However, increased funding is needed to meet the basic expenses of the larger facility (rent, insurance, utilities, maintenance) as well as additional staff and program expenses in providing a larger, diversified operation for low and middle income seniors. Costs for the new space are four times the amount paid in the former location. Even though all funders were supportive of the move to larger quarters, financial support commensurate with the additional costs incurred has not been forthcoming. Consequently, staffing remains at the same level as before the move.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
i. Health Services for the Elderly - Downtown Senior Center
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Health Services for the Elderly			
Category: Downtown Senior Center			
Provide the following services to 250 unduplicated seniors: **	269 unduplicated seniors		Provide the following services to 241 unduplicated seniors:++
700 hours/year of comprehensive assessment, counselling, referrals & followup for support and reality assistance	656 hours/year		676 hours/year of comprehensive assessment, counselling, referrals & followup for support and reality assistance.
50 hours/year of health screening to determine the need for more in-depth medical evaluation & referral.	51 hours/year		48 hours/year of health screening to determine the need for more in-depth medical evaluation & referral.
185 hours/year of health education and training within the group setting to impart knowledge, provide information or instruction on a variety of health topics	264 hours/year		178 hours/year of health education and training within the group setting to impart knowledge, provide information or instruction on a variety of health topics.
**All program objectives for FY 1988-89 were redefined and renegotiated in a work order completed 11/4/88 between the Department of Public Health and the Commission on Aging.			++Reflects a 3.5% net reduction in funding by DPH.

PUBLIC HEALTH SERVICES

i. Health Services for the Elderly - Downtown Senior Center

Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Health Services for the Elderly			
Category: Downtown Senior Center			
Counseling Services			
Provide 1200 hours/year to 260 unduplicated persons for individual assessment and for psychological and reality assistance support.	1205 hours; 267 unduplicated persons		
Provide 184 hours/year of health counseling and health screening services for 726 duplicated persons.	266 hours; 698 duplicated persons		
Provide 376 hours of group counseling to 1536 duplicated persons in the areas of independent living: living with physical challenges, stress, and issues of isolation and change for the older person.	318 hours; 1610 duplicated persons		

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
i. Health Services for the Elderly - Downtown Senior Center
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Health Services for the Elderly			
Category: Downtown Senior Center			
Health Promotion (Community Services)			
Provide 1825 hours/year of structured activities including classes, trips, birthday and other celebrations to 6940 duplicated persons.	1861 hours; 6604 duplicated persons		

1989-90 AB 8
Component B. Public Health Services
Section i. Health Services for the Elderly

NORTH OF MARKET SENIOR SERVICE CENTER

- Need Statement

The North of Market area, commonly referred to as the Tenderloin, is home to approximately 8,000 senior citizens who live in single room hotels on fixed incomes at or below the poverty line. Although many are Medicare/MediCal eligible, they are unable to take advantage of their benefits because they are homebound; unable to obtain transportation to hospitals, clinics, or offices; have incapacitating mental health problems; or lack social support system such as family, clergy and friends.

The North of Market Center strives to maintain this population in their home environment as an alternative to institutionalization. The program provides a comfortable setting that is acceptable to the elderly Tenderloin residents who utilize the facility for medical and social needs. The staff and most of the clients view the program as a lifeline that coordinates numerous public and private resources to provide the most comprehensive medical and support service network available for frail, low-income senior citizens.

- Program Description

The North of Market Senior Service Center delivers community-based long term care and related health and social services to senior citizens residing in the Tenderloin. It coordinates numerous public and private resources to provide the most comprehensive medical and support service network possible for frail seniors.

Services provided by the North of Market Center include a medical clinic with housecall and follow-up capability; drop-in clinic; dental screening; glaucoma screening; podiatry; health education and promotion; adult day health care; social day care; alcoholism counseling and a drop-in center for recovering alcoholics; case management; and daily meals for 100 individuals. Fifty to 70 seniors spend up to four hours per day at the center participating in various social and therapeutic activities.

The North and South of Market Adult Day Health program is located at 653 Geary Street and its capacity is now 40 per day.

The Department of Public Health provides two full-time equivalent physicians plus 31 hours to provide medical services and home visits to people over 60 years of age. Medical students from San Francisco General Hospital will be rotating, as part of a Health Center elective, ten hours per week for three-month blocks of time. A private donation has made it possible to hire a full-time registered nurse to improve clinic services and strengthen outreach.

North of Market continued work with homeless elderly by providing specialized case management to arrange for permanent housing, a source of income, and health care. The outreach case manager was able to stabilize the living situation for 60% of the homeless elders we saw last year. The project is funded by Community Mental Health Services as part of the S.H.O.R.E. program (Senior Homeless Outreach and Re-entry Effort). Services to homeless were expanded by a 30-hour per week nurse practitioner hired through the Health Care for the Homeless Program of the San Francisco Community Clinic Consortium.

There are two groups of Southeast Asian elderly, Cambodians and Chinese-Vietnamese, who participate in the Social Day Care program. We are looking for ways to make the service a more permanent part of North of Market services, since current funding is very uncertain. We are planning to hire a half-time health educator fluent in at least one of the Southeast Asian languages to provide health education in the appropriate languages for all seniors of the Tenderloin.

The outreach and activities program continues for older women with alcohol problems who live in the North of Market area. Funded by a specialized grant from the State Department of Alcohol and Drug Abuse, the program provides recreation and group support activities to attract older women and initiates positive changes in solving their problems of alcohol abuse. Approximately 60% of the women who have been in the program six months are sober. Outreach and activities have the advantage of a registered nurse to provide programming for the Women's Program.

PUBLIC HEALTH SERVICES
I.) Health Services for the Elderly - North of Market Senior Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Health Services for the Elderly			
Category: North of Market Senior Services			
To provide 21,000 units of medical services during the year to an average of 250 seniors per month. Units include face-to-face contacts, direct, indirect, and other kinds of service.	21,253 units of service to an average of 223 seniors per month.	Exceeded goal of units of service due to work of staff and medical students. A part time physician position was vacant for several months, so the average number of seniors was slightly less.	To provide 21,000 units of medical services during the year to an average of 250 seniors per month. Units include face-to-face contacts, direct, indirect and other kinds of service.
To provide 6,000 units of nursing services and case management to an average of 60 seniors per month. Units include face-to-face contacts, direct and indirect kinds of service.	8,682 units of nursing services to an average of 106 seniors per month.	Exceeded goal with positions fully occupied for the year.	To provide 6,000 units of nursing services and case management to an average of 60 seniors per month. Units include face-to-face contacts, direct and indirect kinds of service.
To continue the Adult Day Health program at 653 Geary and serve 30 frail seniors per day from the North and South of Market area.	Average daily attendance was 31.9 with average of 83 people per month participating.	With a complete staff, greater emphasis on outreach, and the larger facility, the average daily attendance has begun to increase.	To continue the Adult Day Health program at 653 Geary and serve 33 frail seniors per day from the North and South of Market area and 80 per month.
			To provide group and individual health education to 250 elderly including Chinese, Vietnamese, and Cambodians and prepare materials for use by about 500 elderly.

- Need Statement

The effective delivery of emergency medical services demands the concerted efforts of many public and private agencies and institutions, as well as mechanisms for management and control. The delivery of uniform, high quality prehospital care includes the maintenance of standards of practice; requires the development of standards and protocols and certification of personnel; and requires constant monitoring to ensure that those standards are strictly followed.

- Program Description

The Emergency Medical Services (EMS) Agency at 135 Polk has responsibility for the overall system design, development, and coordination of the county-wide EMS program. The general areas of responsibility, as defined by State and Federal regulations, are:

- Policy and Standards Development
- Disaster Planning
- Public Education and Information
- Data Collection and Evaluation
- Manpower Training
- Communications
- Facilities
- Transportation

More specifically, the EMS Agency is responsible for:

- Establishing criteria for the certification of all pre-hospital care personnel .
- Testing and certifying approximately 200 individuals per year in 3 distinct certification categories.
- Developing, implementing and monitoring field treatment protocols; authorizing and standardizing drugs and equipment for all public and private BLS and ALS units.
- Establishing policies and guidelines for field actions.
- Categorizing and monitoring health care facilities involved in providing emergency medical services to patients transported by ambulance.
- Monitoring and evaluating institutions which train pre-hospital care personnel.
- Cooperating with other agencies in planning for multiple and mass casualty situations.
- Enforcing legislation pertinent to the delivery of pre-hospital care and transport.
- Participating in the activities of groups and organizations concerned with EMS issues in the Bay Area and throughout the State.
- Collecting and analyzing data which will contribute to needs identification and long-range planning in the areas of pre-hospital treatment, manpower and training, and standard development.
- Monitoring quality assurance.

- Assessment of accomplishments during FY 1988-89 (See Program Objectives).

- Program Changes from FY 1988-89

The EMS Agency will emphasize the quality assurance process in all activities throughout the next fiscal year. This overall goal is reflected in the 1989-90 Program Objectives.

County: San Francisco

PUBLIC HEALTH SERVICES

j) Emergency Medical Services

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
To perform annual test of MCI.	Accomplished		Implement revised adult treatment protocols and new pediatric treatment protocols.
To perform 2 Regional Paramedic Certification Exams	Accomplished		Create EMS Steering Committee and EMS Agency Quality Assurance Committee, maintain EMCC Committee and Clinical Advisory Committee activities to meet no less than quarterly.
To implement interfacility transfer policy	Pending form revision		Implement Base Hospital Standards.
To coordinate first responder early defibrillation grant project	On going		Develop and implement Ambulance Provider Standards & Receiving Hospital Standards
To implement new treatment protocols	In process		Complete revision of local trauma plan, to meet local and State EMS Authority approval.
			Revise, implement and monitor hospital diversion policy.
			Recruit EMS Agency staff to achieve filling of all budgeted positions.
			Continue scientific research efforts in the areas of ambulance systems, dispatch, diversion & early defibrillation.

County: San Francisco

PUBLIC HEALTH SERVICES

j) Emergency Medical Services

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			Continue certification process of local EMS personnal
			Monitor first responder early defibrillation program.
			Evaluate, modify and upgrade data collection and management information systems to include ambulance form revision and alteration in data entry process.
			Expand EMS Agency office space and reorganize office management system.
			Orient and train DPH personnel regarding revised Emergency Medical Disaster Plan.

AB 8 Component B. Public Health
Services k. Health Promotion and Education and
Adult Health

Program Description

The Office of Health Promotion and Education provides consultation to staff involved in health education activities of the department through a Senior Health Educator, a Graphic Artist and a Secretary. District Health Educators and Assistant Health Educators perform health education and promotion functions under their respective District Health Officers. In addition, several special project health educators carry out activities in specialty areas such as AIDS, Toxics and Environmental Health, Disease Control, Child Health and Disability Program, Family Health, Senior Health, and School Health. Major efforts are directed toward the adult population for the prevention and detection of diseases that may lead to disability, prolonged institutionalization, and premature death. Clinic services provided at the five District Health Centers include screening for various chronic diseases such as glaucoma, hypertension, breast cancer and heart disease.

A range of classes, workshops, special projects and trainings are offered in the District Health Centers. They include smoking cessation, culturally specific nutrition education programs, infant and toddler injury prevention, AIDS education and hypertension control. Special attention is placed on community health education program development that addresses the cultural and ethnic specific concerns and needs of the populations within the various districts.

The principles on which health promotion is carried out include:

a.) Focusing on the determinants and causes of disease, disability and death with emphasis on primary and secondary prevention.

b.) Collaborating with community organizations, agencies and coalitions on community health and protection issues.

c.) Involving individuals and communities at risk for disease and disability in the process of problem solving.

d.) Combining diverse and complimentary methods and approaches that include strategies directed at the institutional, community and individual levels.

e.) Involving health professionals, decision makers, and the public in seeking solutions to community health problems and the promotion of the health of the community as a whole.

To insure effective and up to date provision of health promotion and health protection strategies including health education services, there is a need to broaden the concept of responsibility for health enhancement beyond the scope of the individual. It is necessary to educate and inform policy makers, legislators and San Francisco residents about health issues and their collective responsibilities in addressing the complex issues impacting on the health of individuals and the community as a whole.

Rates for the leading causes of death from chronic diseases are higher in San Francisco than in California or the United States as a whole due to several factors including the following: San Francisco's population over sixty years of age is estimated to be one-fifth of the total population; chronic disease problems among refugees are several; large disparity in risk factors for chronic disease for certain minority groups in comparison to non-minority groups.

The rates for the four leading causes of death from chronic disease per 100,000 population, comparing San Francisco to California and the United States, were as follows in 1985:

	San Francisco	California	United States
Diseases of Heart	344.76	261.88	323.0
Malignant Neoplasms	252.78	173.01	193.3
Cerebrovascular Disease	83.40	57.93	64.1
Pneumonia and Influenza	45.53	-	-

The need exists to coordinate existing services and develop new services that are primarily preventive, educational and offer linkages to other direct services.

Priority goals for the Bureau are based on the following: the revised Standards for Health Education in California Local Health Departments, needs identified in the Mid Course Review of the 1990 Health Objectives for the Nation; and needs assessments conducted by the Department and District Health Centers.

Program Changes from FY 1988-89

All current program objectives are ongoing. In order to address the above needs, attention will be placed on the following areas:

1. Centralizing coordination of health promotion and education services in the department.

2. Development of programs addressing issues of chronic disease in high prevalence populations.

3. Emerging health and community issues in substance abuse/crack cocaine.

4. Securing fiscal resources designated for the bureau to enhance training and staff development.

5. Location of additional facilities for programs and workshops; expansion of media/graphic capabilities and services.

PUBLIC HEALTH NURSING FIELD SERVICES

Need Statement

Many families and individuals in the community need assistance in meeting their health needs. This assistance, as provided by Public Health Nurses, includes identifying individuals and families with health problems and offering health education and health counseling to promote health and reduce disease and disability; providing information about community resources; providing case management and care coordination for at risk or high risk clients in the community; and assisting clients to obtain and utilize health care providers.

Program Description

Public Health Nursing (PHN) services cross all programs and address many health problems. In addition to coordinating the health care of high-risk target populations, PHN services provide consultation to community agencies and private sector providers regarding health needs such as management of the AIDS patient in the community. In conjunction with Eldercare, PHNs provide geriatric case management services to older adults.

Public Health Nurses do casefinding: that is, identifying clients in the community who are at risk for health problems. PHNs assist clients to get medical care; provide assistance to clients with their care regimen through education; coordinate client care; identify community resources that can assist clients in meeting their needs and refer. PHNs provide prevention education, early detection, health promotion and nursing intervention to high risk groups such as families with child abuse, elder abuse, handicapped and/or communicable diseases. PHNs also provide health consultation to child care operators and communicable disease follow up in Day Care Centers in conjunction with the Bureau of Disease Control.

Public Health Nursing administers a licensed and certified Home Health Agency. The primary purpose is to meet the home care needs of the medically indigent population by providing continuity of care between acute care and home care, including preventive/maintenance care. The Home Care program provides nursing, home health aide services, physical therapy, occupational therapy, speech therapy and medical social services to complete a comprehensive home care service. Home care nurses provide the case management that assists in continuity of care.

All Public Health Nurses provide care management services to AIDS/ARC clients from the time of referral. The goal is to provide coordination of services and continuity of care to persons with AIDS/ARC.

Education regarding disease prevention, behavior modification and recommended changes in lifestyle are major components of all services. Coordination of services with those of other community and social service resources help to insure comprehensive care.

In collaboration with the Department of Social Services/Children's Services Unit, Public Health Nurses also provide interdisciplinary case management to chemically using/abusing families and individuals.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
1) Public Health Nursing Field/Home Care Services
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
To provide 35,000 home-based PHN encounters.	36,000 HVs	Goal exceeded	To provide 35,000 home-based PHN encounters.
12,000 home-based PHN encounters to perinatal clients	13,750	Goal exceeded	11,000 PHN encounters to perinatal clients.
Implement AIDS case management program. - Provide CM services to 100 AIDS/ARC clients	78 AIDS/ARC clients casemanaged	Goal revised to 75 and exceeded (Revision because of late program start-up).	1,500 co-case managed encounters to substance dependent clients.
Coordinate with Eldercare to have one case management system for the elderly in CCSF.	Accomplished		Provide 3,000 units of service through Home Health Agency to home bound clients.
Provide 3,000 units of service to home bound patients through Home Care	3,120	Exceeded	Provide PHN follow up to 50 mothers and new borns discharged 24 hours after delivery at SFGH.
If funded, implement a case management program for under/uninsured clients.	Not met	Not funded	

1989-90 AB 8
Component B. Public Health Services
Section m. Other Public Health-Related Services

AIDS OFFICE

Need Statement

As of July 31, 1989, 6,960 cases of AIDS and 4,509 deaths from AIDS had been reported to the San Francisco Department of Public Health. San Francisco has the highest incidence of AIDS in the United States. Cases of AIDS are increasing most rapidly among non-whites and hetrosexual intravenous drug users. The San Francisco Department of Public health predicts that there will be 17,022 cumulative cases of AIDS diagnosed in San Francisco by July 1, 1993, and there will be between 4,255 and 6,288 persons with AIDS alive as of that date.

The Department of Health has assumed much of the responsibility for establishing educational and treatment services for persons with AIDS, ARC, and HIV infection through strong relationships with community based organizations and health service facilities in all parts of the City. The AIDS Office has been the center of those coordination efforts. In addition, the complex nature of the epidemic has required the involvement of many divisions within the Department including Community Mental Health Services, Community Substance Abuse Services, the Office of Planning, the Bureau of Family Health, the Bureau of Communicable Disease Control and Forensic Services.

Describing the extent of the AIDS epidemic in San Francisco and assessing the varying demand for services has been the responsibility of the AIDS Office. Research is ongoing to look at the medical aspects and impact of AIDS on individuals as well as to evaluate utilization of health care services by persons with AIDS, examine the costs of these services and to identify gaps in services. Consideration of relevant medical, social, political and ethical issues surrounding the services for persons with AIDS is an evolutionary and continual process. Routine evaluation of AIDS research studies, educational programs and service delivery programs is an integral part of the functions of this office. As part of the review process, the AIDS Office has convened three community advisory committees.

Program Description

The AIDS Office, a distinct division of the Department reporting to the Director of Health, manages the majority of City, State and Federal funding for AIDS prevention and treatment services. The AIDS Office Director is responsible for the policy, program and fiscal management of the entire office. An Associate Medical Director and Associate Director for Administration manage the day to day operations as well as special projects. The AIDS Office has five branches, each with its own chief and varied responsibilities:

SURVEILLANCE AND SEROPREVALENCE: This branch is responsible for collecting AIDS surveillance and seroprevelence information, contracting to conduct population-based research studies on knowledge, attitudes, beliefs and behaviors relating to AIDS, and analyzing surveillance data for publication and use in design of prevention and education programs.

RESEARCH: This branch conducts studies of the natural history, biology and behavioral aspects of HIV infection in cohorts of gay and bisexual men and transfusion recipients. It also collaborates with other institutions in research related to clinical trials of antiviral therapies.

PREVENTION AND EDUCATION: This branch coordinates prevention activities from other divisions of the Department, is responsible for the planning, provision and management of community and inter-department provider education activities. It also coordinates, manages and evaluates education programs through contracts with community agencies funded through the Department. These programs may provide education to the general public, develop materials, host educational events and conduct prevention and education activities in high risk communities, etc. The branch also manages the City's AIDS antibody anonymous testing program and coordinates with other divisions regarding their confidential testing programs.

HEALTH RESOURCES AND SERVICES: The responsibility of this branch is to ensure that non-acute care services and emotional and practical support services are available and appropriate for people with AIDS. Efforts include the management of contracts for subacute and skilled nursing care, home health and hospice care, adult day health care, counseling services, emergency housing for persons with AIDS, etc.

OPERATIONS BRANCH: This branch is responsible for all grants and contracts management, coordination and management of computer equipment purchased with grant and City funds, and all administrative issues relating to day to day management of this large office.

REFUGEE PREVENTIVE HEALTH SERVICES PROGRAM

- Need Statement

Federal funding for this Program is specifically allocated for legal, designated refugees who enter the U.S.A. with an I-94 INS Form indicating such status. This Program is a support service to the Refugee Medical Clinic of the Family Health Center, SFGH. A major focus of the Program is the health assessment of newly arrived refugees by providing the bilingual, bicultural health worker/interpreter staff which are essential to the successful completion of those assessments.

Approximately 35,000 Southeast Asian (SEA) refugees and 5,000 non-Southeast Asian refugees reside in San Francisco. Southeast Asians include Vietnamese. Chinese-Vietnamese, Cambodian, Laotian and Mien populations. Non-Southeast Asian include groups such as Polish, Ethiopian, Eritrean, Czech, Hungarian, Iranian, Iraqui, Romanian and Russian. During the last year the federal government allowed increased numbers of refugees from Soviet Block Countries to enter. In order to provide linguistic access to health services, staff coverage must include 12-15 distinct language capabilities. During 1988-89 there were, monthly, approximately 150 new primary arrivals (those direct from overseas) and 20-30 secondary migrants (those who lived elsewhere and then came to San Francisco).

Since July 1988, there has been a 40% increase of newly arriving refugees to San Francisco. Soviet refugees account for amost of this increase. Last year a major demographic change occurred: non-SEAs now account for 55% of new arrivals. Of those screened, 80-90% had one or more health problems requiring intervention. Some of the frequently occurring health problems continue to include tuberculosis, intestinal parasites, skin disorders, dental, ear, eye, nutritional problems and mental health problems. Approximately fifteen percent of new arrivals include pregant women. For refugees living in the U.S.A. over a year there are perinatal, communicable disease, child health, dental, nutrition and mental health conditions requiring longer term interventions.

The following data reflects the marked change in the composition of new arrivals:

	1987-88	1988-89
Non Southeast Asians	30%	56% (Soviet Jews = 33%) (Soviet Christians = 23%)
Southeast Asians	70%	44%

Soviet Jewish refugees receive initial health services at Mt. Zion Hospital. They account for approximately 33% of new arrivals. At least 90% of the remaining 67% of new arrivals are screened at the Refugee Medical Clinic, SFGH. The majority of the primary arrivals speak little or no English and are often illiterate in their native languages. Many are not familiar with Western health care practices. The birth rate is significant and many prenatal patients are "at risk" due to nutrition-related health problems and unfamiliarity with perinatal care. There are few licensed health professionals in this country who represent the various refugee communities. This situation may remain the same for another generation, as overseas-trained physicians have great difficulty in obtaining licenses, especially in California. Thus, linguistic and cultural access to services rests primarily with trained health worker/interpreters. In recent years there has been a steady decrease in Federal/State fiscal allocations for this purpose, resulting in a decrease of health worker/interpreter staff.

State and Federal funding is directed toward health assessments for newly arrived refugees only. These assessments are effecive primarily as a result of the use of bilingual, bicultural staff who enable refugees to understand and use the services. What is problematic is the access to health services beyond the initial health assessment.. Services to meet ongoing health care needs involving prevention, primary, specialty and mental health care, are limited because in order to receive these services, language access is essential. For most groups such access is limited and, for some, it is non-existent. Most health care resources in both the public and private sector have minimal or no trained health worker/interpreter staff.

State and Federal authorities claim that health care needs beyond the initial screening period are the responsibility of the locality in which refugees reside. Most designated health funding for refugees is from the Federal government. In 1988-89, the State of California allocated only $250,000 for refugee health services via the SNAP awards for the entire state. Thus, direct State funding for refugee health services is virtually non-existent.

Linguistic and cultural differences and the absence of trained bilingual, bicultural staff continue to pose the greatest barriers to access by refugees seeking health care. Trained, supervised bilingual paraprofessional staff serving as health workers and interpreters is the single most effective intervention for improving access to care.

Program Changes:

For 1989-90 the funding problem will be addressed by the availability of Refugee Medical Assistance (RMA) funds. These funds may be for one year only but provide some relief for the continuing decreases in the health screening funding.

As a result of RMA funding we will be able to increase our staff by 2.0 for Russian-speaking Health Worker Interpreters. We will also be able to maintain more adequate Southeast Asian Interpreter staffing.

Impact:

- Reduction of appointment waiting time from eight to four weeks or less for health assessments.
- More adequate staffing to serve perinatal clients.
- Improvement in Tuberculosis Control Services for refugees.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
m) Other Public Health-Related Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Refugee Preventive Health Services			
90% of newly arrived regugees will have been identified and had screening initiated within the first month of arrival	Fully accomplished		90% of newly arrived refugees will be identified and have screening initiated within the first month of arrival.
90% of refugees will receive screening for TB within first month of arrival	Fully accomplished		90% of refugees will receive screening for TB within first month of arrival.
90% of secondary migrants identified by Department of Social Services will be referred for screening as needed.	Fully accomplished		
			Reduction of appointment waiting time from eight to four weeks or less for health assessments.

DEVELOPMENTAL DISABILITIES COUNCIL COORDINATOR

- Background

During the early sixties, commissions and interim study committees were appointed to develop recommendations for improving mental retardation services. These led to statewide support for the establishment of regional diagnostic and counseling centers.

The regional centers were perceived to be fixed comprehensive information and service community focal points. Existing services could be arranged through, and new services could be established by, the new centers. During the middle of the sixties California had become committed to the community-oriented regional diagnostic center approach.

The Lanterman Mental Retardation Act (AB 225) of 1969 was passed in an effort to rectify the fragmentation of the existing system of service. By the middle 1970s the legislation had been modified to include persons with developmental disabilities and candidates at high risk for parenting developmentally disabled infants. Through Lanterman, primary planning responsibilities for developmental disabilities services were shifted from the state to the county level. The Department of Development Services established the Golden Gate Regional Center as the conveyance for assuring the availability of needed services to the residents of the County of San Francisco. To fulfill the special needs and priorities of the developmentally disabled consumer in the community, a system of citizen planning participation was established that include a state council, area boards and county councils.

The Developmental Disabilities Council of San Francisco is a non-profit corporation which was designated in 1976 by the San Francisco Board of Supervisors as the official planning body for developmental disabilities services. Its primary purposes are: to assure individuals with developmental disabilities of opportunities to live a full life with complete access to community resources; to develop to their maximum potential and to participate completely in the social and vocational mainstream of society. The Council also serves as a forum where advocates, consumers and providers of services can determine needs and priorities. The membership of the Council is comprised of volunteers from the general public, professionals who serve developmentally disabled persons, developmentally disabled persons themselves and their families.

- Populations Affected

By definition, developmental disability is a condition that originates before the individual reaches age 18 (age 22 under federal legislation) and can be expected to continue indefinitely. It constitutes a substantial handicapping condition--usually with some physical manifestations.

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- Populations Affected

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The regional centers, together with the public schools, are usually the detection and earliest intervention agencies that make contact with persons with mild and moderate disabilities. The more noticeable severe disabling conditions are, the more likely they are to be recognized by health and/or medical professionals or by professionals from other human resource disciplines working with the family or the DD person.

The Golden Gate Regional Center is legally responsible for determing who is eligible for services in San Francisco under the Lanterman Act, Health and Safety Code, Chapter 1, Section 38003 (h).

Approximately 1 in every 10 San Franciscans has a developmentally disabled member in her or his family. Current census data on the population of developmentally disabled persons in San Francisco is incomplete. We have gathered sufficient evidence from prevalence projections and other sources to construct a valid profile for planning purposes. Based on the California Department of Health, the State Council on Developmental Disabilities and the San Francisco County 1980 census, the prevalence of the developmental disabilities consumer for 1985-89 have been determined as follows:

Total General Population	741,300
Number of developmentally disabled	33,880
Number of individuals considered substantially handicapped	11,860
Mental retardation	14,826
Cerebral palsy	1,480
Substantially handicapping epilepsy	2,970
Autism	2,965
Neurologically handicapped	N.A.

The literature also indicates that about 8% of the state's high-risk population--including developmentally disabled persons--reside in the City and County of San Francisco. Advocates and providers of service estimate that several thousand infants will be born prematurely and/or with birth defects in San Francisco within the year. A disproportionate number of these infants will have to be re-hospitalized in their first year due to developmental and birth defects and child neglect/abuse. Infant mortality is also found to be elevated among these children.

- <u>Cause and Source of Needs</u>

  During favorable conditions, a spectrum of such comprehensive therapeutic services is provided through an array of human service agencies. Federal legislation, the Americans with Disabilities Act of 1988, mandates that all such appropriate programs, benefits, facilities and opportunities must be accessible to persons who are disabled.

- Within the City and County of San Francisco, nearly 70 agencies are providing this group of disabled citizens such therapeutic and supportive services costing in excess of $20 million plus per year. Yet, significant numbers of individuals with DD do not receive services for which they may be eligible. Several factors seem to contribute to this discrepancy: a) appropriate services may be insufficient or non-existent, or b) relevant existing services are likely to be inaccessible or underutilized, c) governmental funding austerity is devastating to the stability of many programs serving developmentally disabled consumers.

- Service Priority Assessment

  The DD Council, in collaboration with Area Board V and the Golden Gate Regional Center, conducted community assessments to determine what specific program services were needed. Agencies and organizations in the community were contacted to ascertain the community's awareness of DD. The Council felt that there was a need to rectify mistaken images about DD held among generic organizations. Responses indicate that considerable diverse conceptions existed among some governmental bodies. On the other hand, many civic organizations proved to be influential in gaining community support through exposure to DD programs.

  During fiscal year 1987-88, an assessment of DD services and resources was monitored by the Coordinator. Questionnaires were mailed out to San Franciscans, consumers and providers. Members, officers and staff of disability and health and human services agencies were interviewed and surveyed. These and other ongoing fact finding techniques were employed to identify the service and community action needs of DD residents.

  In brief, the surveys and questionnaires confirmed the need for 1) more outreach efforts; 2) more community residential facilities; 3) increased interagency coordinated planning for childhood intervention, and 4) a more favorable recognition of DD in the community.

  In the Fall of 1988, the Council conducted a survey of DD consumer service needs. Nineteen percent (19%) of the questionnaires were answered. They indicated an overwhelming concern for the development of adult community residential and respite facilities. Supportive health and transportation accommodations ranked among the most urgently needed program improvements. The survey also disclosed a need for programs which featured provisions for adaptive social behavior.

- Program Description

  The position of Developmental Disabilities Coordinator was established under the Bureau of Family Health. He has responsibility for providing technical assistance and program support to all relevant community agencies. He also coordinates DD program activities within the Department of Public Health. Liaison on behalf of the Department activities with state and federal governmental and volunteer agencies also falls within the purview of DD coordinator. A significant portion of the Coordinator's time and resources are allocated to provide administrative and program support for the San Francisco Developmental Disabilities Council.

PUBLIC HEALTH SERVICES
M) Other Public Health-Related Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Other Public Health Programs			
Category: Developmental Disabilities Coordinator			
To develop plans and coordinate program services within the Department which address the health-related needs of developmentally disabled persons as well as technical assistance to Departmental Administration and Programs; also to assist and support the development of a coordinated plan for services to persons with developmental disabilities in San Francisco in coordination with other departmental units and community agencies.	Accomplished	Met with Mental Health DD Coordinator to exchange participation in planning for services. Collaborated with the Dual Diagnosed Community Mental Health Board to increase planning and advocacy efforts. Coordinated with Child Health and Disability Prevention (CHDP) and California Children's Services (CCS) staff to arrange a panel presentation for Family Health Planning regarding identification and monitoring of high-risk children. Organized and co-sponsored with Golden Gate Regional Center and Mental Health Developmental Disabilities, a one day "Symposium on Dual Diagnosis"	To continue to develop additional techniques for increased networking among medical/health professional personnel.

PUBLIC HEALTH SERVICES
M) Other Public Health-Related Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Other Public Health Programs			
Category: Developmental Disabilities Coordinator, Cont'd.			
Monitor and evaluate changes in health policies, regulations, and legislation that affect programs serving persons with developmental disabilities in San Francisco.	Accomplished	Distributed funding and legislation alert materials to consumer and related professionals.	To extend and increase these activities during 1989-90. To continue regularly with planning and collaborating activities.
		Established contact with the representative from the U.S. Administration on Developmental Disabilities. Collaborated with legislative Committee of the Developmental Disabilities Council to organize a week long "Grassroots Week".	
		Solicited and was assigned liason staff from the offices of Speaker Willie Brown, Senator Milton Marks and Assemblyman John Burton.	To continue to broaden the involvement of legislators.

PUBLIC HEALTH SERVICES
M) Other Public Health-Related Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Other Public Health Programs			
Category: Developmental Disabilities Coordinator, Cont'd.			
Serves as consultant to the San Francisco Developmental Disabilities Council to provide technical assistance in the areas of needs assessment, program planning and development, advocacy, community organization, and public education.	Accomplished	Conducted a follow-up consumer needs survey which indicated that the consumers considered housing, transportation and daytime programs as being essential community services.	To extend the objectives set for FY 1988-89
		The Coordinator assisted the Council with conducting an annual self-assessment by the membership. The membership felt that 1987-88 was a year of significant overall improvement. However, there was a concern for the awareness of Developmental Disabilities among professional health workers, public officials, and the general public.	To be conducted as an evaluation tool annually
		Prepared revisions for a San Francisco Directory of Resources for the Developmental Disabilities Council.	(Directory will be published by the Fall 1989) To continue and extend the objectives of 1988-89
To assist the DD Council and the Departmental administration to support community groups and city government to observe March as DD month and to jointly conduct workshops, rallies, exhibits, etc., to celebrate the occasion.		Collaborated with the coordinators of the four other counties of Area Board V to increase planning, integration, and awareness efforts.	To continue and increase community involvement.

County San Francisco
Fiscal Year 1989-90

PUBLIC HEALTH SERVICES
M) Other Public Health-Related Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Other Public Health Programs			
Category: Developmental Disabilities Coordinator, Cont'd.			
		Established an annual membership luncheon meeting that is open to the public and involving public officials as participants and supporters of the Developmental Disabilities Council. Attendance:121. Investigated resource materials and personnel for planning a comprehensive training institute with exclusive focus on assuring financial supports for non-profit programs and services. Recruited Public Officials for March Observance of Developmental Disabilities Awareness. Held a "Town Meeting on Developmental Disabilities" which concluded activities for the March month-long observance.	To expand upon training activities in 1989-90. To work with officials to get 1988-89 budget cuts restored.

Plan Schedule A.1
Public Health Services Financial Data

JURISDICTION SAN FRANCISCO 38
FISCAL YEAR: 1989/90
DATE PREPARED: OCT 5, 1989

Program/Service	Estimated Expenditure	Estimated Revenues	Estimated Net Co. Cost
a. Chronic Disease Control			0
b. Maternal and Child Health (Family Health)	780,865	129,672	651,193
c. California Children Svcs.	1,673,940	1,200,000	473,940
d. Dental Services	552,913	42,495	510,418
e. Environmental Health	6,292,241	3,996,855	2,295,386
f. Public Health Lab Services	1,641,365	204,674	1,436,691
g. Comm. Disease Cntrl & Epi.	3,051,980	84,699	2,967,281
h. Community Health Statistics	531,640	427,624	104,016
i. Hlth Svcs for Elderly	1,430,662	52,261	1,378,401
j. Emergency Medical Svcs.	796,632	24,433	772,199
k. Hlth Promotion & Education	565,827	0	565,827
l. Public Health Field Svcs.	5,208,428	72,481	5,135,947
m. Other Pub Hlth Related Svcs			
Aids Admin. Office	6,806,097	32,452	6,773,645
Workmen's Comp.	87,021	0	87,021
M.I.A. - HOMELESS	172,966	8,010	164,956
_____	0	0	0
_____	0	0	0
n. Admin & Other Support Svcs	1,298,977	136,000	1,162,977
TOTALS FOR PUBLIC HEALTH	30,891,554	6,411,656	24,479,898
FOR CONTRACT COUNTIES ONLY:			
o. Services and Supplies	0	0	0
p. Personnel	0	0	0
TOTALS FOR CONTRACT COUNTIES	0	0	0
BUDGET SCHEDULE 2 TOTALS	30,891,554	6,411,656	24,479,898
	EXPENDITURES	REVENUES	NCC
AMT. TOTAL IS OVER/(UNDER)	0	0	0

Fiscal Year 1989-90 Jurisdiction San Francisco

Plan Schedule A.2

Public Health Services Checklist

For each service listed, please place a check mark in the appropriate column to indicate whether:

(1) It will be continued in FY 1989-90
(2) It is a new service for FY 1989-90
(3) It will be discontinued in FY 1989-90
(4) It has been discontinued in a previous fiscal year or has never been provided by your Jurisdiction.

Services	(1)	(2)	(3)	(4)
A. Chronic Disease Control				
Cancer	X			
Hypertension	X			
Glaucoma	X			
Kidney Disease				
Respiratory Diseases	X			
Diabetes	X			
Stroke	X			
Arthritis	X			
Heart Disease				
Multiphasic Screening				
Other (please specify)				
B. Maternal and Child Health				
Maternal and Child Health Services	X			
Maternal and Child Health Training	X			
Childhood Lead-Based Paint Poisoning Control				
Childhood Immunization	X			
Sudden Infant Death Syndrome	X			
Genetic Disease	X			
Newborn Screening	X			
EPSDT (Title XIX) Screening (CHDP)	X			
Family Planning Service	X			
Perinatal Care	X			
Supplemental Nutrition (WIC)	X			
Other (please specify)				
School Health	X			
Perinatal AIDS	X			
C. California (Crippled) Children's Services	X			
D. Dental Health				
Dental Screening	X			
Routine Dental Services	X			
Periodontal Disease	X			
Fluoridation	X			
Other (please specify)				
Refugee Dental Program	X			

Services	(1)	(2)	(3)	(4)
E. Environmental Health Services				
Accident Prevention	X			
Air Quality	X			
Food	X			
Milk and Dairy Services	X			
Substance Control	X			
Product Safety	X			
Pesticide Control	X			
Housing, Hotel, Motel, and Recreational Sanitation	X			
Vector and Zoonotic Control	X			
Urban Rat Control	X			
Rabies Control	X			
Animal Control	X			
Occupational Safety	X			
Noise Pollution Control	X			
Radiation Control	X			
Hazardous Waste Management	X			
Public Water Safety	X			
Water Pollution Control	X			
Individual Water Supply	X			
Individual Sewage Disposal Systems	X			
Land Use Planning	X			
Other (please specify)				
Solid Waste	X			
Laundry	X			
Hazardous Waste Education	X			
F. Public Health Laboratory Services				
Clinical Laboratory	X			
Environmental Health Laboratory	X			
Toxicology and Other Forensic	X			
Regional Laboratory	X			
G. Communicable Disease Control				
Venereal Disease Control	X			
Tuberculosis Control	X			
Immunization	X			
Acquired Immune Deficiency Syndrome (AIDS)	X			
Other (please specify)				
Enteric Disease	X			
Major Infectious Disease	X			
Hepatitis B	X			
H. Community Health Statistics				
Vital Statistics	X			
Disease Registries	X			
Other Statistics	X			

Fiscal Year 1989-90 Jurisdiction San Francisco

Plan Schedule A.2

Public Health Services Checklist (Continued)

Services	(1)	(2)	(3)	(4)
I. Health Services for the Elderly				
Adult Day Health	X			
Preventive Health (Well Adult) Clinics	X			
Public Health Nursing for the Elderly	X			
Other Services (please specify)				
Case Management	X			
Injury Prevention	X			
J. Emergency and Disaster Services				
Emergency Medical Committee	X			
Planning and/or Coordinating Countywide EMS Systems	X			
Disaster Planning	X			
Monitoring Ambulance Systems	X			
Other (please specify)				
K. Health Promotion and Health Education				
Community Health Promotion	X			
Risk Reduction Programs:				
Smoking	X			
Obesity	X			
Stress	X			
Exercise	X			
Nutrition	X			
Health Information Activities				
Other (please specify)				
AIDS Prevention	X			
Drug	X			
Perinatal Education	X			
Day Care Infection Control	X			

Services	(1)	(2)	(3)	(4)
L. Public Health Nursing Field Services				
Case Finding	X			
Assessment	X			
Case Management	X			
Multiproblem Family Services	X			
Information and Referral	X			
Other (please specify)				
Infection Control Education	X			
Perinatal	X			
AIDS Assessment	X			
Nutrition	X			
Licensed Home Care	X			
M. Other Public Health Programs (please specify)				
Health Care for Homeless	X			
Refugee Program	X			
Primary Care	X			
N. Administrative and Other Support Services				
Personnel	X			
Fiscal	X			
Contracting	X			

PLAN SCHEDULE A.3

Fiscal Year 1989-90

PUBLIC HEALTH STAFFING

Jurisdiction San Francisco

Instructions: Report full-time equivalent (FTE) positions. If an individual's activities include more than one of the categories below, either divide the position between the categories on an FTE basis, or include it in the category which encompasses most of the individual's time.

	Chron Dis	MCH	CCS	Dent Hlth	Env Hlth	Lab Prog	Comm Dis	Hlth Stats	Service for the Elderly	EMS	Hlth Prom & Educ	PH Field Svcs	Other PH Svcs	Admin. & Other Support	TOTAL Pub. Hlth Positions
ADMINISTRATORS AND SUPPORT STAFF (Prg. Dirs., Managers, Analysts, etc)	1	1		2	14	1	3	2	3	2	1	4	2	22	58
(1) PHYSICIANS (Including the Public Health Officer)	1	1					7		3	0		0			12*
PHYSICIAN ASSISTANTS															
PUBLIC HEALTH NURSES									2			70	9	6	87
NURSE PRACTITIONERS		1					1								2
OTHER REGISTERED NURSES	1				1		7			1			1		11*
LICENSED VOCATIONAL NURSES															
HEALTH CARE AIDES	6		3				5		7			2	12		35
NUTRITIONISTS													2		2
COMMUNICABLE DISEASE INVESTIGATORS							20								20
HEALTH EDUCATORS					2		2		2		11				17
SOCIAL WORKERS									3				3		6
THERAPISTS (Including O.T., P.T., etc.)		10										1			11
DENTISTS & DENTAL HEALTH PERSONNEL				7											7
LAB STAFF (Excluding Clerical)						29									29
SANITARIANS					55										55
SANITARIAN AIDES															
OTHER ENVIRONMENTAL HEALTH STAFF (Excluding Clerical)					11										11
CLERICAL (Secretaries, Clerks, Receptionists, etc.)	2	4	2		10	2	15	11	3	3	1	33	5	21	112
OTHER PERSONNEL NOT COVERED ABOVE	4				1		8	2	2	3	1	12	9	54	96
TOTAL PUBLIC HEALTH SERVICES	15	17	5	9	94	32	68	15	25	9	14	122	43	103	571

(1) Physicians, RN = 95% Primary Care subtracted

GENERAL ACUTE INPATIENT SERVICES
LAGUNA HONDA HOSPITAL & REHABILITATION CENTER

- Need Statement

The Acute Medical Surgical ward at Laguna Honda Hospital primarily serves the Hospital's SNF patients who have episodes of acute illness. Maintaining the Acute Ward promotes continuity of care by sparing patients the trauma associated with transfer to another facility and eventual readmission to Laguna Honda. There is a need of acute hospital beds within the Department of Health to serve the poor and indigent population of San Francisco. For example, San Francisco General Hospital Medical Center must frequently close their Emergency Room, thus diverting patients to other hospitals in the city. As Laguna Honda has recently become better able to expand its ability to care for its own more acutely ill patients (making for fewer transfers to SFGHMC), more beds will become available at SFGHMC for trauma victims and others requiring sophisticated and intensive care. In addition, Laguna Honda is now able to accept patients direct from SFGHMC Emergency Room and acute wards as well as from community agencies serving the elderly, such as the North of Market Multipurpose Senior Center.

- Program Description

Laguna Honda Hospital & Rehabilitation Center maintains an Acute Medical-Surgical Ward for adult and geriatric patients. The Acute Medical Surgical Ward has 33 beds of which 12 are now staffed. During the last year, patient days for the Acute Medical Ward totalled 2,838. All acute care services can be provided except those which require general surgery, anesthesiology or other acute medical specialties not offered at LHH. Referrals are generally made to SFGHMC, which provides almost all specialty services not provided at LHH.

County: San Francisco
Fiscal Year: 1989-90

INPATIENT/OUTPATIENT SERVICES
a.) General Acute Inpatient Hospital Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Laguna Honda Hospital & Rehabilitation Center			
To assess the need for further expansion.	Accomplished	Average daily census was 7.5 thus the budgeted staffed beds were decreased to 12.	Further assessment of expansion after commencement of SNF AIDS care.
To increase the number of patients being directly admitted from the community.	Accomplished	20 patients were admitted directly from the community.	Continue to encourage direct admissions from the community & SFGH.
To admit limited numbers of patients directly from S.F.G.H.M.C. Emergency Room.	Partially Accomplished	Protocol & criteria were established for direct admissions from both the ER & SFGH's acute wards.	
			Provide acute care services for AIDS patients transferred from LHH AIDS SNF unit.

GENERAL ACUTE INPATIENT SERVICES
SAN FRANCISCO GENERAL HOSPITAL

San Francisco General Hospital Medical Center (SFGHMC) is a 582 bed, licensed acute care facility located at 1001 Potrero Avenue, with 93% of its patient population from San Francisco. Services are primarily focused on providing care to the medically indigent, newly arrived immigrants, and high risk populations, including patients with AIDS. Twenty-one percent of all San Francisco residents who are hospitalized are cared for at SFGH; 40% of the South of Market/Mission/Potrero Hill patients are cared for at SFGH.

Inpatient services at SFGH: Medical, Surgical, Pediatric, Obstetric/Gynecological, Psychiatric, Ancillary and Emergency. In FY 88-89, the total discharges were 16,274, patient days were 106,384 with an average length of stay of 6.5.

Medicine and the Medical Specialties

- Need Statement

The demand for medical care arises from San Francisco residents with limited or no resources to pay for their treatment, from cardiac victims and other medical emergencies city-wide, and from people residing in areas close to SFGH.

- Program Description

General Medicine includes cardiology, clinical pharmacology, gastroenterology, general internal medicine, infectious disease, neurology, oncology (including the AIDS Division), pulmonary medicine, rheumatology and renal medicine. Care for patients in critical care units is generally provided by these services. Approximately 35% of the hospital discharges are from the Medicine Service.

Due to the nursing shortage, increase in inpatient acuity, high census, and limited funding, providing adequate levels of staffing in nursing has become one of the most important concerns of the hospital. Therefore, in an effort to relieve the current bed shortage and to curb expenses, an outpatient infusion center has been opened. This center provides chemotherapy, blood transfusions, and I.V. antibiotics.

Surgery and the Surgical Specialties

- Need Statement

Demand for surgical services comes from a variety of sources: 1) trauma and burn victims from San Francisco and the Bay Area at large; 2) San Francisco residents who have no ability or a limited ability to pay for surgical services; and 3) residents of the southeastern portion of the City who use SFGH because of its convenient location.

- Program Description

Surgery includes extremity surgery, neurosurgery, opthalmology, oral surgery, orthopedics, otolaryngology, plastic surgery, trauma surgery, and urology.

A full continuum of services is provided through intensive units, CORE (step down) units, and the general floor units. Approximately 32% of the patient discharges are patients from these services.

Although the majority of surgical services are performed on an inpatient basis, there is also a growing volume of ambulatory surgery. Since the increase in demand for ambulatory surgery is expected to continue, the hospital has made plans for the expansion of its surgicenter.

Pediatrics

- Need Statement

Demand for pediatric services comes from three sources: 1) families living in the vicinity of the hospital; 2) children who are victims of trauma and other emergencies occurring within San Francisco; and 3) children who are from families with limited financial resources, including new immigrants to the City. (More than 50% of patients are non-English speaking.) Because the patient population of SFGH is frequently from a modest economic and educational background, there are many high-risk pregnancies, leading to high utilization of the nursery. 12.15% of the new borns are affected by drug abuse withdrawal.

- Program Description

Pediatric services include a newborn nursery and inpatient medical and surgical care to children up to 18 years old. Additionally, the Department provides consultation and referral services to four San Francisco neighborhood health centers and has developed a nutrition program for pediatric inpatients. The Pediatric Service, along with DSS, has established a Child Protective Services Unit housed at SFGH.

Obstetrics/Gynecology Services

- Need Statement

Women who do not receive adequate prenatal care often require more complex inpatient obstetrical services than those who do. Inpatient services are far more costly than preventive outpatient services. However, many pregnant women, especially adolescents and undocumented immigrants, do not seek prenatal care due to financial and other barriers. Consequently, intense obstetrical services are often necessary to protect the lives of the mother and the infant.

The loss of Family Planning funding will have a major affect on this service.

- Program Description

A wide range of services are provided by Obstetrics/Gynecology Services. Inpatient services include intrapartum care for normal and high-risk cases, labor room services, delivery room services, obstetrical anesthesia, post-partum care, family planning services, certified mid-wife providers, high-risk ante-partum care, and gynecologic-oncology services. Outpatient gynecological services include family planning services, Women's Health Center gynecological care, dysplasia, endocrine, fertility, abortion counseling and services, and sterilization services.

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Family Practice Inpatient Service

- Need Statement

Community oriented primary care focuses on community sensitive comprehensive care on a continuing basis. When community clinic patients are hopitalized, their care benefits from close collaboration between the primary care practitioner and the inpatient team. From the time of admission through discharge planning, patient care is coordinated with the primary care site, and with other medical, surgical, gynecologic and mental health specialists, thus helping the patient and the primary care site to access hospital resources effectively and efficiently.

- Program Description

The Family Practice Inpatient Service provides 24-hour 7-day a week coverage for adult inpatients with medical and surgical conditions under the supervision of full-time attending physicians with the consultative assistance of all medical and surgical specialties as needed. A clinical pharmacist, behavioral specialist, social worker, and staff from nursing and other disciplines are involved, as appropriate, in planning and providing care.

Approximately two-thirds of patients are direct referrals from community clinics serving low-income, frequently uninsured patients.

Psychiatric Services

- Need Statement

Psychiatric inpatient services are needed for individuals who are a danger to themselves or others, or are unable to care for their basic needs such as food, shelter, and clothing. Many such psychiatric patients are hospitalized involuntarily and have poor social networks and/or toxicological conditions. They are difficult to treat and unlikely to be served in other mental health facilities. A need also exists to provide inpatient services to county jail inmates who require intensive psychiatric treatment, sometimes in conjunction with medical care.

Emergency evaluation, crisis intervention, and triage services are needed for individuals brought in by the police for unusual or violent behavior; those experiencing stress due to a sudden change in their lives; those in treatment elsewhere but experiencing an acute disturbance while their own therapist is unavailable; or those with concomitant psychiatric problems who are receiving medical treatment in the SFGH department or other inpatient departments.

- Program Description

Psychiatric Services include acute short-term psychiatric hospitalization, forensic psychiatric hospitalization for county jail inmates, and psychiatric emergency services. A consultation liaison service provides psychiatric consultation to primary care providers in the hospital's clinics and inpatient wards. The hospital also sponsors a city-wide case management program for psychiatric acute care recidivists.

Other SFGH programs include an infant/parent program, a maintenance methadone program, a detoxification methadone program, a Latin and Asian/Pacific Islander focused program, and an AIDS focused program. The hospital also sponsors a Black task force, a gay and lesbian task force, and a women's task force.

At this time, the City of San Francisco does not have a mental health skilled nursing care center for the provision of long term psychiatric care. The absence of this type of service leaves a large gap in the continuum of the psychiatric care currently provided and contributes to the escalating costs incurred by the mental health system. In order to address these concerns, the hospital has developed a plan for a subacute psychiatric care facility on its campus.

Emergency Department

- Need Statement

SFGH's Emergency Department is the county's primary facility for major traumas and mass casualties, since it is the only hospital with 24-hour provider capability in all major medical and surgical sub-specialities. It serves local county residents for emergent, urgent, and non-urgent medical care; all patients who cannot afford care elsewhere; and major trauma and medical emergency patients transported by the Paramedic Division and private ambulance providers.

- Program Description

The Emergency Department of SFGH provides resuscitation and stabilization for major medical and trauma patients; evaluation and treatment of emergent, urgent, and non-urgent medical and surgical problems; and prehospital evaluation and management via radio telemetry of all paramedic care provided in San Francisco. As the major entryway to SFGH, the Emergency Department saw over 83,000 patients last year and provided more than 58% of all admissions to the hospital. More than 1800 telemetry calls were received monthly.

The Emergency Department houses three resuscitation rooms, four suture rooms, an infected case room, an acute medical ward, a six-hour observation ward, an ortho room, and a medical ambulatory care area with 12 patient care rooms for nonacute adult care 16 hours daily, and pediatric care 8 hours daily. The Department houses Medical Social Services and a Stat Laboratory for emergency patients. In addition, a comprehensive Radiology Department and the Bay Area Regional Poison Control Center are immediately adjacent to the Emergency Department, providing 24-hour consultation capability. The Department provides training for its Mobile Intensive Care nurses as well as Medical and Surgical Residents.

The telemetry runs average 1800 per month, opposed to the 800 originally planned, creating severe staffing problems. A single coordinator and a assistant are responsible for 215 Paramedics making 1800 calls per month, compared to other counties where a coordinator would be responsible for 30 Paramedics making 200 calls per month. Consequently, the work load in the Emergency Department is continuing to increase.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Medicine and Medical Specialties, Surgical and Trauma			
To continue to meet the demand for services in Medicine and Medical Specialties, surgical and trauma.	93% critical care 89% medical/surgery	Diversion prevented meeting this goal 100%	To reduce diversion of critical care and medical/surgical patients. To continue to meet the demand for services in Medicine and Medical Specialties, surgical and trauma. To continue to be national leaders in caring for AIDS patients.
To provide relief to the current bed crunch and to curb expenses by opening an Infusion Center.			To expand the Infusion Center to 12 hours per day, 7 days/week to care for patients who need daily therapy but do not need acute care hospitalization. To reduce the number of decertifed patient care days.

County San Francisco
Fiscal Year 1989-90

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Surgery and Surgical Specialties			
To continue to meet the demand for services in Surgery and Surgical Services.	Accomplished		To continue to meet the demand for services in Surgery and Surgical Services.
To increase our capacity to provide come-and-go surgery by 10%.	Accomplished		To meet the projected increase in demand for ambulatory surgery by completing the expansion plans for the surgicenter.
Category: Pediatrics			
To continue to meet the demand for pediatric services.	Accomplished		To continue to meet the demand for pediatric services.
Category: Obstetrics and Gynecology			
To continue to provide a wide range of birthing alternatives and assistance in birth to all pregnant women through a unique multi-ethnic sensitivity focus and full range of birth assistants; 30% of all births by Certified Nurse Midwives; 1,500 births annually.	Accomplished	2,000 births in 1988-89.	To continue to provide a wide range of birthing alternatives and assistance in birth to all pregnant women through a unique multi-ethnic sensitivity focus and full range of birth assistants.
			To address the special needs of high risk mothers (drug use).

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Surgery and Surgical Specialties			
To maintain the high quality of a full scope of services, and improve capabilities in the spectrum of perinatal care to reduce maternal and infant morbidity and mortality; 1,500 live births per year.	Accomplished	2,000 births in 1988-89	To maintain the high quality of a full scope of services and improve capabilities in the spectrum of perinatal care to reduce maternal and infant morbidity and mortality. To address the special needs of high risk infants due to drug withdrawal.

County San Francisco
Fiscal Year 1989-90

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Obstetrics and Gynecology			
To maintain the high quality of a full scope of services, and improve capabilities in the spectrum of perinatal care to reduce maternal and infant morbidity and mortality; 1,500 live births per year.	Accomplished		To maintain the high quality of a full scope of services and improve capabilities in the spectrum of perinatal care to reduce maternal and infant morbidity and mortality.
			To meet the projected increase in demand for services with the high quality of care currently provided.
To maintain advocacy efforts within the Department of Public Health for preventive, multi-faceted perinatal care, including early case finding and access to and availability of that care and nutritional and health education counseling.	Accomplished		To maintain advocacy efforts within the Department of Public Health for preventive, multi-faceted perinatal care, including early case finding and access to an availability of that care and nutritional and health education counseling.
Category: Psychiatric Services			
To maintain the average length of stay for psychiatric inpatient units at a median of 15 days for those not sent to Napa or an L-Facility.	Accomplished and Exceeded.	Median length of stay was 9 days.	To maintain the average length of stay for psychiatric inpatient units at a median of 15 days for those not sent to Napa or an L-Facility.

County San Francisco
Fiscal Year 1989-90

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Psychiatric Services			
To document and bill Medi-Cal administrative days or Short Doyle administrative days for 95% of the patients decertified for placement reasons.	Accomplished and Exceeded.	98.2% of patients with documentation.	To document and bill Medi-Cal Administrative days for 95% of the patients decertified for placement reasons.
To have less than 5% of the total hospital days be decertified for reimbursement due to non-placement reasons.	Accomplished		To have less than 5% of the total hospital hospital days be decertified for reimbursement due to non-placement reasons.

County San Francisco
Fiscal Year 1989-90

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hopital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Psychiatric Services - Community Inpatient Units			
To maintain or reduce the percentage of patients sent to Napa State Hospital.	Not measured.	These objectives proved to be unrealistic because they cannot be controlled due to the lack of available placement alternatives.	
Reduce non-certified days to below 10% of the total days provided.			
Reduce the number of hospital days used by patients referred to case management. The average for 1981-82 was 29.1 days.			
			To meet productivity standards (nursing ratios) established for acute psychiatric patients.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hopital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Forensic Inpatient Services - Psychiatric Emergency Services			
Forensic Inpatient Services			
To maintain the number of patients sent to Napa State Hospital at or below the current rate. To maintain the percentage of non-certified days at or below the current level.		Not measured unrealistic because they cannot to be controlled due to the lack of available placement alternatives.	These objectives proved to be incorporated with those of the inpatient units.
Psychiatric Emergency Services			
To maintain the percentage of patients referred for hospitalization at or below 25%. The increase is reflective of the procedural change from the PES holding bed status to brief hospitalization.	Not accomplished	This objective proved to be unrealistic due to an increase in acuity.	The program's objectives have been incorporated with those of the inpatient units.
To maintain the 50% clinician time spend in face-to-face patient contact.			

County San Francisco
Fiscal Year 1989-90

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hopital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Psychiatric Services - Infant-Parent Program			
To maintain the hospitalization rate for failure-to-thrive children below 12%.	Accomplished.		To maintain the hospitalization rate for failure-to-thrive children below 12%
To maintain the percentage of clinician time at least at 50% direct face-to-face client contact.	Accomplished.		To maintain the percentage of clinican time at least at 50% direct face-to-face client contact.
			To continue to provide consultation to the Department of Social Services and the Courts.
			To continue to provide support to families having problems with child neglect and/or abuse.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Family Practice Inpatient Service			
Continue to meet needs of low income population served by SFGH with emphasis on community clinic populations.	Accomplished except during periods of medical-surgical diversion by hospital due to 100% occupancy.		Continue to meed needs of low income population served by SFGH with emphasis on community clinic populations.

County San Francisco
Fiscal Year 1989-90

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: Emergency Department			
Maintain current level of Service.	Accomplished and exceeded	Over 83,000 patient visits.	Maintain current level of service.
Revise Emergency Department charge system for services.	Accomplished.	A fee for service billing system was implemented in early, 1987.	Ongoing.

OUTPATIENT SERVICES
SAN FRANCISCO GENERAL HOSPITAL (SFGH)

- Need Statement

The outpatient programs at SFGH primarily serve patients who live in the vicinity of the hospital or its satellite clinics, those who have limited financial resources, and those who are referred for follow-up care after an emergency room visit or inpatient stay. In addition, outpatient services provide special programs to particular segments of the population such as refugees, municipal workers, and HIV infected patients.

- Program Description

Outpatient services at SFGH are organized under the Division of Outpatient and Community Services (DOCS), which operates 7 major clinic health centers (Adult Medicine Center, two Adult Surgical Centers, Women's Health Center, Children's Health Center, Family Health Center, and the AIDS Center).

1. Hospital-based Clinics and Programs

   a. The Adult Medical Center is located on the first and third floors, in the outpatient section of the new San Francisco General Hospital Medical Center building. The center offers a variety of clinic services to adults including medical screening, primary care (General Medicine Clinic), and medical specialty services (Chest, Diabetes, Diabetes Foot Education, Endocrinology, Gastrointestinal, Hematology, Hypertension Evaluation, Parasitology, Infectious Disease, Renal, Rheumatology, Occupational Health, Cardiac and Dermatology). In addition, the Adult Medical Center also administers the Center for Municipal Occupational Safety and Health, which provides preemployment and annual physical examinations for Hospital employees and, by contract, for the Municipal Railways Department, Fire Department, and Civil Service Commission. There were 47,222 patient visits to this center in FY 88-89.

   b. The Adult Surgical Centers are located on the third and fourth floors, in the outpatient section of the new San Francisco General Hospital Medical Center building. The Third Floor Adult Surgical Center offers general surgery services and surgical specialty services (Vascular, Proctology, Plastic, and Trauma), general orthopedic clinic services and orthopedic specialties (Sports Medicine, Hand, Podiatry, Pediatric Orthopedic and Spine), and urological services. The Fourth Floor Adult Surgical Center offers medical and surgical services through the Neurology and Neuorosurgery clinics, the Otolaryngology clinic, the Optometry and Ophthalmology clinics, and the Audiology service. There were 51,444 patient visits to this floor in FY 88-89. Medicine refill services are also available for patients of the Neurology and Neurosurgery clinics.

c. The Women's Health Center is located on the fifth floor in the outpatient section of the new San Francisco General Hospital Medical Center building. The clinics offered in this Center are Gynecology, Obstetrics, Dysplasia and Infertility. Prenatal education and exercise programs and a special teen obstetrics program are also available. Extensive family planning services, including therapeutic abortions, tubal ligations, vasectomies, and counseling services are provided in the Family Planning Clinic. There were 29,605 patient visits to this center in FY 88-89.

d. The Children's Health Center is located on the sixth floor in the outpatient section of the new San Francisco General Hospital Medical Center building. Available through this center are emergency, general and specialty (Allergy, Dermatology, Cardiac, Neurology, Hematology, Renal, Urology and Multispecialty) pediatric services. A range of medical, psychiatric and medical social services is available to children eleven to nineteen years of age through the Adolescent Health Program and to sexually abused children and adolescents through the Child and Adolescent Sexual Abuse Resource Center. The Learning Assessment Center, supported primarily by the San Francisco Unified School District, offers testing and assessment services to children identified as having learning difficulties. The services include medical, psychological, social, speech and language, and learning disciplines. There were 40,287 patient visits to this center in FY 88-89.

e. The Family Health Center is located on the first and fifth floors of Building 80 of the San Francisco General Hospital Medical Center. The Family Health Center provides comprehensive primary care services to families, including infants, children, teenagers, adults and elders. Each family is assigned to a provider and becomes a member of a group practice which offers, in addition to the services of their family doctors and family nurse practitioners, prenatal care, well baby cluster visits, nutritional assessment and education, family therapy, social services, podiatry and health education. The Family Health Center also serves as the training clinic for the Family Practice Program and sponsors the Refugee Clinic. The Refugee Clinic is specially focused to non-English speaking refugees and maintains a staff with language capabilities in Vietnamese, Lao, Cambodian, Mien, Chinese, Ethiopian, Polish, Czech and Afghan. There were 32,993 patient visits to this center in FY 88-89.

f. The AIDS/Oncology Center is located on the sixth floor of Building 80 of San Francisco General Hospital. The AIDS/Oncology Center specializes in caring for adults with AIDS or with AIDS related conditions and Oncology (cancer) patients. Comprehensive medical and psycho-social support is provided by a multidisciplinary team that includes physicians, registered nurses, nurse practitioners, clinical pharmacists, medical and psychiatric social workers and Shanti counselors. Chemotherapy and transfusion services are available on an outpatient basis through the AIDS/Oncology Center. There were 20,479 patient visits to this center in FY 88-89.

2. Patient Referral and Assistance

The Patient Referral and Assistance Unit's primary goal is to assure the accessibility of appropriate health care services to patients utilizing the outpatient clinics of San Francisco General Hospital. The Unit is staffed by two Registered Nurses, a Medical Social Worker and two Health Workers, and documents over 25,000 patient encounters a year. The Patient Referral and Assistance Unit provides triage/assessment and referral services to new patients and patients with new concerns, provides information regarding health care and usage of the Outpatient clinic system, and provides assistance to patients who are having difficulties with the clinic system mechanics. The Unit's staff serves on and actively participates in committees concerned with quality assurance, patient grievance, discharge planning, health care evaluation and program development. The Unit also provides orientation services regarding outpatient services to new Hospital staff and patients.

3. Quality Assurance Program

The Division of Outpatient and Community Services Quality Assurance Program and staff are responsible for improving existing methods of service and detecting and preventing patient care problems through review and evaluation mechanisms. Clinical aspects (competence; performance; compliance with standards, rules, regulations, policy and procedures) as well as operations aspects (follow-up of missed appointments; abnormal laboratory and X-Ray results; patient access; and availability of medical records) are addressed and monitored through the Quality Assurance Program by the medical staff, ancillary services and Outpatient Administration. In addition, baseline information on patient care services provided in each of the Centers is collected and maintained to provide complete information about the full scope of clinic services which is utilized to manage clinic operations.

County San Francisco
Fiscal Year 1989-90

INPATIENT/OUTPATIENT SERVICES
b) Outpatient Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Category: Outpatient Services			
To continue to provide outpatient services in hospital and community-based centers.	Accomplished		To continue to provide outpatient service in hospital and community-based centers.
			To coordinate referrals with the CPH Primary Care Network through the Patient Referral Program.
			To reduce the waiting time for acute medical screening appointments to less than two weeks.
			To work with Discharge Planning to appoin patients to the most appropriate source o care (community and hospital based).
			To coordinate care for HIV infected patients (Ward 86 and other referred services).

Robert N. Ross Patient Education Resources Center

The Patient Education Resource Center (PERC) is a clearinghouse for a collection of over 600 easy to understand patient education handouts and audiovisual presentations. The Resource Center has been designed to increase access to high quality language and culture specific health education materials for the multi-ethnic and multi-cultural patients of San Francisco General Hospital. Assistance and consultation on issues of health education policy and practices as well as support in the development of new education materials is also available through the Patient Education Resource Center.

County San Francisco
Fiscal Year 1989-90

INPATIENT/OUTPATIENT SERVICES
c) Hospital-Wide Services
Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
			To maintain licensure and accreditation
			To reduce critical and medical/surgical diversion.
To address Health Care Workers' concerns regarding HIV infection: • Training • Equipment & supplies • Confidentiality • Benefits	Establishment of the Counseling and Testing Service Needlestick Hotline		To expand Service Department-wide
			To develop an Addiction Medicine Service to address medical/social/psychological needs of acute care drug abusing patients. The program will help medical & nursing staff recognize & treat drug abuse.

SKILLED NURSING FACILITY (SNF) SERVICES
LAGUNA HONDA HOSPITAL & REHABILITATION CENTER

- Need Statement

There remains a shortage for SNF beds in San Francisco, with the result being that individuals from the community fail to receive necessary SNF services. Many patients remain in acute care hospitals longer than necessary or become residents in SNF facilities far from San Francisco and their families. Many AIDS patients with long-term care needs are remaining in acute care hospitals longer or in the community as few SNF beds are available for them. The waiting list for LHH continues to be long, with most of those on the list being Medi-Cal patients with heavy or moderate nursing care needs. Admissions to LHH of patients who require intensive nursing services continue to increase.

LHH is the primary source of SNF care in San Francisco for heavy-care patients on Medi-Cal. The care given by Laguna Honda to SNF patients has greatly shifted to heavy-care in recent years, and will continue to do so. In addition, a very small percentage of LHH SNF patients are Medically Indigent Adults (MIAs) for whom the County of San Francisco has assumed administrative and financial responsibility.

- Program Description

Laguna Honda provides SNF services to chronically ill patients needing recuperative, restorative or palliative and supportive care, plus a full range of on-site ancillary services. Ancillary services include physical, occupational and speech therapies, radiology, pharmacy, social services and dentistry. Clinical laboratory testing for LHH patients is provided by SFGHMC. Other services such as podiatry, gynecology, ophthalmology and optometry are available on-site by contract. A wide range of activities and social programs are provided for patients by the Activity Therapy department with the assistance of the hospital's Volunteer program. A library, art gallery, greenhouse and animal park are maintained in attractive settings. An interfaith pastoral care program coordinates the activities of over thirty local groups, primarily using LHH's chapel to meet the patients' spiritual needs. In addition to these activities, the FreeWheelers, a non-profit organization home-based at LHH took residents for over 750 bus trips last year. The Pleasure Endeavors, a non-profit organization conducts creative arts programs and exhibits of patient art. The nursing staff, over and above their routine services, takes selected residents on unique overnight trips several times a year.

County: San Francisco

INPATIENT/OUTPATIENT SERVICES

c.) Skilled Nursing Facility Services - Laguna Honda Hospital

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Skilled Nursing Facility Services			
Category: Laguna Honda Hospital & Rehabilitation Center			
To admit about 750 new patients for SNF care.	Partially Accomplished	551 new patients admitted; for 1 month, there were no admits due to nursing staff shortage.	To admit about 700 new patients for SNF care.
To discharge about 250 successfully rehabilitated patients back to the community.	Accomplished	291 patients were discharged.	
To expand our respite care services. beyond 70 admission per year.	Accomplished	79 patients were admitted for respite care.	To continue to admit about 75 patients for respite care.
To maintain a similar number of patient days as in previous years (383-391,000).	Accomplished	381,280 patient days.	To maintain a similar number of patient days (380-390,00).
To explore having some services provided by UCSF School of Pharmacy staff and students.	Accomplished	UCSF Pharmacy Consultant on staff.	Reorganize pharmacy services and develop a pharmacist training program in geriatric pharmacy.
To complete the reorganization of the medical records services dept; & to recruit, hire and train a permanent Medical Records Services Director.	Partially Accomplished	This department will be relocated to larger quarters by October 1989.	To recruit, hire and train a permanent Medical Records Services Director.

County: San Francisco

INPATIENT/OUTPATIENT SERVICES

c.) Skilled Nursing Facility Services - Laguna Honda Hospital

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Skilled Nursing Facility Services			
Category: Laguna Honda Hospital & Rehabilitation Center			
To continue to find ways to enhance the environment, both indoors and outside.	Accomplished	Tree triming, new flooring, new outdoor lighting, new beauty shop, enhancements to the animal farm plus ward remodeling for hospice unit were completed.	To continue to find ways to enhance the environment, both indoors and outside.
To recruit, hire & train a full-time QA Coordinator.	Accomplished		
To continue the suggestion box program for employees, visitors and volunteers.	Accomplished	Suggestions are distributed for action/comment.	
To adopt a Master Plan for LHH.	In process	A firm has successfully bid to undertake this project & negotiations are underway to establish a contract.	To continue the process of developing a Master Plan for final adoption.
To construct and utilize six isolation rooms.	In process	Construction is 95% complete & occupancy is expected 9/15/89	
To install eighteen Hydro-tubs.	Accomplished		

County: San Francisco

INPATIENT/OUTPATIENT SERVICES

c.) Skilled Nursing Facility Services - Laguna Honda Hospital

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

Program: Skilled Nursing Facility Services

Category: Laguna Honda Hospital & Rehabilitation Center

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
To complete pharmacy system automation.	In process	Delayed due to pharmacy dept reorganization. UCSF Pharmacy Consultant now available.	
To obtain funding for and begin construction on the redesigned model ward.	Delayed	The construction documents were completed & OSHPD permits issued; delayed due to facilities master plan process.	
To develop affiliation agreement with UCSFMC & institute some rotations of students & residents at LHH.	Partially Accomplished	Teaching agreements formed with Schools of Nursing and Dentistry; similar agreements with Schools of Pharmacy and medicine in development. Geriatrician hired and will develop geriatric teaching program.	Continue developing affiliation agreement with UC Schools of Pharmacy and Medicine; and commencing student and intern rotations.
To increase from one to two the number of all-day Saturday Geriatric Special Grand Rounds.	Accomplished	Two were held: "Legal & Ethical Issues in Caring for Elders;" & "Medical, Social & Psychological Aspects of Multiple Sclerosis."	Continue holding two special grand rounds per year.
To explore the need for a geropsychiatric ward at LHH.	Partially Accomplished	Second psychiatrist hired. Needs assessment completed.	Work with DPH in developing plans for geropsychiatric unit at LHH.

County: San Francisco

INPATIENT/OUTPATIENT SERVICES
c.) Skilled Nursing Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Skilled Nursing Facility Services			
Category: Laguna Honda Hospital & Rehabilitation Center			
To open "hospice" unit (special services unit for terminally-ill patients) & to implement services both there & throughout LHH with a 15 avg. daily caseload.	Accomplished	Seven bed hospice unit opened 1/89; consultant services provided throughout LHH daily.	To staff two additional hospice beds in 9/89; & to expand hospice again in 1/90 to also include AIDS patients to help meet community needs.
To sponsor inservice programs and professional training on hospice-related issues (eg. pain management, bereavement and grief).	Accomplished		
To assure continuation of hospice at LHH by creating, budgeting and permanent hiring of the coordinator plus allocating staff resources to allow specialization in hospice care.	Partially Accomplished	Coordinator still grant funded; position requested in supplemental budget.	To assure continuation of hospice at LHH by creating, budgeting and permanently hiring a hospice coordinator; plus, allocating staff resources to allow specialization in hospice care.
To implement the use of a "Patient Life Support & Treatment Decisions Checklist" for hospice patients.	Accomplished	Advance Directives Policy developed by Bioethics Comm. & adopted for entire LHH population.	Documentation of patient wishes re: life support treatments for all competent patients & staff education on the Advance Directives policy.
To maintain Cal-OSHA compliance as was found during review inspection 7/88.	Accomplished		Reinforce BSI training in hospital-wide & dept-specific AIDS education programs.
To decrease average length of stay on SNF rehabilitation ward.	Not Accomplished	Increase from 25 to 41 days as patients admitted have multiple medical problems that slow progress.	

County: San Francisco

INPATIENT/OUTPATIENT SERVICES
c.) Skilled Nursing Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Skilled Nursing Facility Services			
Category: Laguna Honda Hospital & Rehabilitation Center			
To recruit, hire and train a full-time Quality Assurance & Infection Control Coordinator.	Accomplished	The Nursing Services Dept. has designated a position for this function.	
To expand educational role of employee health service; to begin smoking cessation programs for employees.	Accomplished		
To decrease the use of non-Medi-Cal approved medications.	In Progress	Formulary review in process by Pharmacy & Therapeutics Comm. P&P for use of non-formulary drugs implemented.	Continue decreasing use of non-Medi-Cal approved medications.
To provide 30 nursing wards with on-line access to the Patient Information data-base by installing new equipment. equipment.	Not Accomplished	Distribution of equipment was reprioritized to more application-dependent departments. [The system in now at the maximum capacity for access stations.]	
To complete rehabilitation & revitalization of the greenhouse & animal park.	Partially Accomplished	Phase I of the rehabilitation & revitalization was completed.	To start phase II of the greenhouse & animal park revitalization.

County: San Francisco

INPATIENT/OUTPATIENT SERVICES

c.) Skilled Nursing Facility Services - Laguna Honda Hospital

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Skilled Nursing Facility Services			
Category: Laguna Honda Hospital & Rehabilitation Center			
To begin development of a risk management program.	In progress	Planning for modifications in Unusual Occurrence reporting & data collection started.	To continue development of a risk management program.
To complete a pre-accreditation JCAHO survey prior to formal survey in FY89-90.	Partially Accomplished	Consultants recommended not applying for formal survey until FY90-91 so there is one full year of Q.A. activity.	Implement consultants' recommendations and apply for formal JCAHO survey to take place in early FY90-91.
To develop and implement an automated physician credentialling system.	Accomplished	Recommendations for expansion of functions made by JCAHO consultants.	Implement modifications to automated MD credentialling system.
To design and implement an automated contract development system in cooperation with the DPH Office of Contracts Managment.	In Progress	Design phase in progress.	Continue developing an automated contract system in cooperation with DPH Contracts Management Office.
To expand the Bioethics Committee functions to include information sharing and case consultation.	In Progress	Committee meeting regularly every other month.	Continue expanding the Bioethics Comm. functions.
To complete implementation of automated work order tracking and the preventive maintenance systems for plant operations.	Accomplished	Reports now generated regularly.	

County: San Francisco

INPATIENT/OUTPATIENT SERVICES

c.) Skilled Nursing Facility Services - Laguna Honda Hospital

Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Skilled Nursing Facility Services			
Category: Laguna Honda Hospital & Rehabilitation Center			
To begin recruitment for the permanent hire of an Associate Administrator.	Delayed	Evaluation in process.	To recruit, hire and train a new: Associate Administrator and a Assistant Administrator-Finance.
			To open a 15-bed AIDS SNF unit with staff specially trained in the long- & short-term care of AIDS patients.
			To develop AIDS care program designed to meet the special needs of AIDS patients.
			To continue hospital-wide staff education regarding the care of AIDS patients.
			To comply with the Omnibus Budget Reconciliation Act by completing competency evaluations for all orderlies employed prior to 7.1.89 who do not have a Nursing Asst. certificate by providing an approved 75-hr. course.
			To increase the number of off-ward therapeutic activities available M-F through the addition & reassignment of activity therapy staff.
			To explore the need for a special SNF program for head-injured patients.

REHABILITATION SERVICES
LAGUNA HONDA HOSPITAL & REHABILITATION CENTER

- Need Statement

A Department of Health assessment identified the need for an increased emphasis on rehabilitation for patients served by LHH & SFGHMC, in order to restore each patient to the highest possible level of functioning and to increase the chances of early discharge back into the community. Rehabilitation services at LHH provide the opportunity for the restoration of the potential of persons who are not likely to obtain such services elsewhere, including low income and indigent persons and undocumented immigrants.

- Program Description

The Rehabilitation Facility at LHH provides services to the SFGHMC patient population, as well as LHH's SNF patients; 1,471 days of acute patient care and 5,642 days of SNF patient care were provided. Services include rehabilitative medical and nursing care, physical, occupational and speech therapies, special dietary treatment and supportive social services. The facility is also licensed as an Outpatient Medi-Cal Rehabilitation Unit, which primarily provides physical, occupational and speech therapies, as well as supportive social services to individuals discharged from the inpatient rehabilitation center. Overall, the rehabilitation services section emphasizes giving care for patients who have had head trauma, spinal cord injury, stroke or amputation.

County: San Francisco

INPATIENT/OUTPATIENT SERVICES
e.) Rehabilitation Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

Fiscal Year: 1989-90

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Rehabilitation Facility Services			
Category: Laguna Honda Hospital & Rehabilitation Center			
To increase the number of patients discharged to the community.	Accomplished	33 patients discharged.	
To offer increased rehab services when needed for our SNF patients by increasing # of rehab assessments.	Accomplished	Computerized referral tracking system has been implemented. Full-year's data not available.	
			To recruit, hire and train a new Assistant Medical Director to assume administrative responsibility for the Rehab Section & to reorganize services.

1989-90 AB 8
Component C. Inpatient/Outpatient Services
Section g. Other Inpatient and Outpatient Services

TOM WADDELL CLINIC
(Formerly Central Aid Station)

- Program Description

Administered by CPHS, this major DPH Clinic provided multi-disciplinary services in over 35,000 patient contacts last year. Located in the Civic Center, this Clinic serves the Civic Center, Tenderloin and South of Market areas. It is the primary source of care to the City's homeless and uninsured population of 6,000 to 10,000.

Its multi-disciplinary services of medical care, mental health care, social services and outreach services are provided in all on-site and off-site programs. On-site programs consist of:

- Urgent-care Clinic, a 16 hr/day, 7 day/week walk-in clinic, treating minor medical and surgical emergencies, with triage capabilities to San Francisco General Hospital for more acute cases.

- Primary Care AIDS Clinic, currently providing two afternoon clinics with a third in development, targeting the I.V. drug using population.

- Primary Care Women's Clinic, one morning a week providing general women's services.

- Primary Care Substance Abuse Clinic, one afternoon a week providing medical care with additional counselling and detox services with medical support and referral.

- Dermatology Clinic, providing general dermatological services one afternoon a month.

Offsite programs include:

- HCH programs, established general clinic sites in ten City-funded shelters and sites.

- AIDS Outreach Program, providing room-to-room care in Tenderloin hotels frequented by I.V. drug users.

- Needs Statement

Historically, this clinic has served the City's poor for the greater part of this century. As the City witnesses not only the escalating numbers of homeless people but the changing demographics, the DPH is responding through the Tom Waddell Clinic with a greater understanding and an increase in services to this population. The Tom Waddell Clinic has evolved by providing multi-disciplinary, primary care to the I.V. drug using population, those affected by the AIDS epidemic and services for women in need. It has maximized current resources to meet an ever increasing demand.

Accomplishments 1989-90

The architectural design of Phase I of the renovation project and project costs are in place. Construction is expected to begin this fiscal year.

A "Vision Statement" for the fund-raising campaign to complete phases II & III has been finished. Recruitment of Campaign Committee chairs and members will occur this Fiscal year as well.

Additional programs:

- Central Women Services providing medical, mental health, social services to women who are homeless, uninsured, at risk for AIDS, abusing substances and have high-risk pregnancies.

- Chemical Dependency Clinic - providing medical care and counselling to I.V. drug users and families with the emphasis on medical detox, referral into rehab programs and after-care support.

- Proposed Programs:

- A third additional AIDS clinic.

- A general primary care clinic staffed by nurse practitioners.

- Program Changes and Objectives

The clinic will be going through a major transformation in both size and services. During the next fiscal year the Clinic will expand its first floor and utilize additional space on the second floor, nearly tripling its floor space.

The Waddell Clinic is expected to become a national model of multiservice care for homeless people and for individuals at risk of or diagnosed with AIDS or ARC who are homeless or low income. Current programs include:

- A full range of multi-disciplinary services including medical, nursing social services and mental health services;
- Services for women at risk of AIDS:
- Primary care services for homeless people;
- Primary care services for AIDS/ARC patients;
- A multidisciplinary outreach team to provide services in hotels which house a high proportion of drug users; and
- Community education programs.

PUBLIC HEALTH SERVICES
G) Tom Waddell Clinic
Program Objectives/Assessment of Accomplishements

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Tom Waddell Clinic			
Continue to provide medical care and/or referral to approx. 30,000 patients during this year.	Accomplished		Continuation of medical care & expansion of services to homeless patients to include homeless AIDS/ARC patients.
Merge with Health Care For The Homeless to provide more comprehensive in-clinic care and expand outreach care.	In process		Complete merger with Health Care For The Homeless and continue to refine and expand services.
Develop multidisciplinary service approach to include medical, nursing, social services, mental health and outreach services.	In process		Continue to refine and expand services and multidisciplinary team approach.
To begin renovations of clinic.	Projected for Fall 1989		To see renovations move towards completion in fiscal year 1989-90.
To establish primary care AIDS clinic.	Two clinics implemented; a third is in development		To see all clinics established during fiscal year 1989-90.

ROSE RESNICK CENTER FOR THE BLIND AND HANDICAPPED

- Need Statement

At least 12% of San Francisco's population is unable to use regular, fixed- route public transportation due to a physical handicap or frailty due to advanced age. Existing resources and waiting lists for meeting the transportation needs of this growing target population are inadequate, and the service provided by the Rose Resnick Center for the Blind and Handicapped (formerly California League for the Handicapped) is designed to fill this gap.

- Program Description

Transportation for low-income, handicapped clients is available through a program administered by Rose Resnick Center for the Blind and Handicapped (formerly California League for the Handicapped), which provides taxi vouchers for use between clients' residences and medical appointment sites or certain educational, therapeutic, and cultural activities. Taxi vouchers are available to handicapped residents of San Francisco whose income is $650 or less per month.

INPATIENT/OUTPATIENT SERVICES

g.) Other Inpatient/Outpatient Services - Rose Resnick Center for the Blind and Handicapped

Program Objectives/Assessment of Accomplishments

FY 1988-89 Program Objectives	Level of Accomplishment	Explanation	FY 1989-90 Program Objectives
Program: Rose Resnick Center for the Blind & Handicapped			
To provide 240 taxi rides per month (2,880 per year)	Fully accomplishment.		To provide 240 taxi rides per month (2,880 per year).

PLAN SCHEDULE B.1
Inpatient/Outpatient Services Financial Data

JURISDICTION SAN FRANCISCO 38
FISCAL YEAR: 1989/90
DATE PREPARED: OCT 5, 1989

Service Catagory	Estimated Expenditure	Estimated Revenues	Estimated Net Co. Cost
a. Gen Acute Inpt Hosp Svcs	138,834,261	80,059,146	58,775,115
b. Outpatient Services			
-Hosp Outpatient Dept	43,469,946	26,576,157	16,893,789
-Nonhosp based Co. Clinics	18,855,254	2,215,508	16,639,746
-Community Clinics	4,022,274	1,103,596	2,918,678
c. Skilled Nursing Facility Svcs	73,817,894	60,246,599	13,571,295
d. Lic Home Hlth Agency Svcs	575,436	105,000	470,436
e. Rehab Facility Services	1,460,555	1,192,035	268,520
f. Ambulance Services	9,839,302	5,816,900	4,022,402
g. Other Inpt/Outpt Services			
_____	0	0	0
_____	0	0	0
_____	0	0	0
_____	0	0	0
_____	0	0	0
h. Admin & Other Support Svcs	6,692,438	0	6,692,438
TOTALS FOR INPT/OUTPT SERVICES	297,567,360	177,314,941	120,252,419

	EXPENDITURES	REVENUES	NCC
BUDGET SCHEDULE 3 TOTALS	297,567,360	177,314,941	120,252,419
AMT. TOTAL IS OVER/(UNDER)	0	0	0

PLAN SCHEDULE C.1

Fiscal Year 1989-90

JURISDICTION FACILITIES AND PROVIDERS

Jurisdiction San Francisco

Name	Address	Explanation	Type of Facility*	Hours of Service*	Indicate with an X if services are Provided to Section 17000 Eligibles
he AIDS Office	25 Van Ness, S.F.		K	2	
orth of Market Senior Service Center	333 Turk St., S.F.		I	2,4	x
efugee Preventive Health Program	Health Center IV, 1st. Fl.		***L	2	x
outh Guidance Center Medical and Medical Clinic	375 Woodside Ave., S.F.		I	1	x
exual Trauma Services	1001 Potrero Ave., S.F.		J	1	x
hild & Adolescent Sexual Abuse Resource Center (CASARC)	SFGH, Bldg. 80, Ward 84, 1001 Potrero Ave., S.F.		J	1	
ealth Assessment and Referral for the Elderly	1182 Market, Rm. 211		*L	2,**L	x

* Referral Center
** 24-hour/7-day answering service
*** Preventive Public Health Services

*Please use codes on back

PLAN SCHEDULE C.1

Fiscal Year 1989-90 JURISDICTION FACILITIES AND PROVIDERS Jurisdiction San Francisco

Name	Address	Explanation	Type of Facility*	Hours of Service*	Indicate with an X if services are Provided to Section 17000 Eligibles
San Francisco General Hospital	1001 Potrero Av. S.F. 94110		A	1	x
Adult Medical Center	San Francisco General Hospital		J	2,3	x
Children's Health Center	San Francisco General Hospital		J	2,3	x
Adult Surgical Center	San Francisco General Hospital		J	2	x
Women's Health Center	San Francisco General Hospital		J	2	x
Family Health Center	San Francisco General Hospital		J	2,3	x
Refugee Screening Center	San Francisco General Hospital		J	2	x
South of Market Health Center	551 Minna Street, S.F.		I	2,3	x
Caleb G. Clark Potrero Hill Health Center	1050 Wisconsin St., S.F.		I	2	x
Southeast Health Center	2401 Keith St., S.F.		I	2,3	x
SFGH Emergency Department	1001 Potrero Ave., S.F.		A	1	x
Ambulance Paramedic Division	1001 Potrero Ave., S.F.		L	1	x
Tom Waddell Clinic	50 Ivy Street, S.F.		***L	1	x
Laguna Honda Hospital	375 Laguna Honda Blvd., S.F.		D,*L	1	x

* Acute rehab; subacute rehab; physical therapy, adult day health
** Preventive public health services
*** Emergency clinic

NOTE: "L" as used here refers to the Public Health Division of the San Francisco Dept. of Public Health

*Please use codes on back

PLAN SCHEDULE C.1

Fiscal Year 1989-90

JURISDICTION FACILITIES AND PROVIDERS

Jurisdiction San Francisco

Name	Address	Explanation	Type of Facility*	Hours of Service*	Indicate with an X if services are Provided to Section 17000 Eligibles
ommunity Public Health Center #1	3850-17th St., S.F.		**L	2,3	x
#2	1301 Pierce St., S.F.		**L	2	x
#3	1525 Silver Avenue, S.F.		**L	2	x
#4	1490 Mason Street, S.F.		**L	2,3	x
#5	1351-24th Avenue, S.F.		**L	2	x
ity Clinic	356 -7th St., S.F.		**L	2,3	x

*Please use codes on back

Please use the following codes and descriptions to complete Plan Schedule C.1

Code	Type of Facility/Provider
A.	General Acute Care Hospital
B.	Acute Psychiatric Hospital
C.	Psychiatric Health Facility
D.	Skilled Nursing Facility
E.	Intermediate Care Facility - Other
F.	Intermediate Care Facility - Developmentally Disabled
G.	Intermediate Care Facility - Developmentally Disabled/ Habilitative
H.	Home Health Agency
I.	Primary Care Clinic
J.	Specialty Clinic 1. Surgical Clinic 2. Chronic Dialysis Clinic 3. Rehabilitation Clinic
K.	Public Health Department
L.	Other

Code	Hours of Service
1.	24 Hours/7 days per week
2.	8 a.m. - 5 p.m./Monday-Friday
3.	Evening Hours
4.	Weekend Hours
5.	Other - Please specify on chart

PLAN SCHEDULE C.2

Fiscal Year 1989-90 NON-JURISDICTION FACILITIES AND PROVIDERS Jurisdiction San Francisco

Name	Address	Type of Facility*	Hours of Service*	Type of Agreement*	Contract Amount	Indicate with an X if services are Provided to Section 17000 Eligibles
3V - HP	6025 Third St., 94124	L	2	W	36,006	X
UCSF	1001 Potrero, S.F. 94110	A	1	W	37.440	X
UCSF	1001 Potrero, S.F. 94110	A	1	W	202,839	X
UCSF	1001 Potrero, S.F. 94110	A	1	W	362,600	X
UCSF	1001 Potrero, S.F., 94110	A	1	W	296,352	X
PPMC	2323 Sacramento St., S.F. 94115	A	1	W	140,379	X
Insituto Familiar	2515 24th St., S.F., 94070	L	2	w	76,545	X
PPMC	2323 Sacramento St., S.F. 94115	A	1	W	600,000	X
PPMC	2323 Sacramento St., S.F. 94115	L	2	W	1,032,270	X
PPMC	2323 Sacramento St., S.F. 94115	L	2	W	210,900	X
Youth Environment Study		L	2	W	648,847	X
Shanti	525 Howard, S.F. 94105	L	2	W	195,834	X
San Francisco AIDS Foundation	25 Van Ness Ave., S.F. 94102	L	2	W	46,325	X
San Francisco AIDS Foundation	25 Van Ness AVe., S.F. 94102	L	2	W	4,560	X
Polaris R&D	185 Berry St., Suite 6600, S.F. 94107	L	2	W	100,000	X
Friendship House Assn.	80 Julian, S.F. 94103	L	2	W	40,000	X
BV HP	6025 Third St., S.F. 94124	L	2	W	75,000	X
PPMC	2323 Sacramento St., S.F. 94115	A	1	W	137,865	X
UCSF	1001 Potrero, S.F., 94110	A	1	W	21,263	X
BV HP	6025 Third St., S.F. 94124	L	2	W	121,938	X
BV HP	6025 Thrid St., S.F. 94124	L	2	W	70,000	X
S.F. AIDS Foundation	25 Van Ness S.F. 94102	L	@	W	213,727	X
Ecology & Environment	160 Spear St., S.F., 94105	L	2	W	180,000	X
American Lung Assn.	562 Mission St., Suite 203, S.F., 94105	L	2	W	22,988	x
American Environ. Mgmt.	UNK	L	2	W	1,000,000	X
Reidel Environ, Mgmt.	UNK	L	2	W	1,000,000	X
So. Bay Chemical	UNK	L	2	W	1,000,000	X
No. State Environ	UNK	L	2	W	1,000,000	X
Crosby & Overton	UNK	L	2	W	1,000,000	X
Environ. Health Assn.	520 Third St., Suite 208, Oakland, CA 94607	L	2	W	253,320	X
Industrial Emerg. Coun.	666 Elm St., San Carlos, CA 94070	L	2	W	75,000	X
UCSF	1001 Potrero, S.F., 94110	A	1	W	68,859	X
BV HP	6025 Third St., S.F. 94124	L	2	W	80,904	X
BV HP	6025 Third St., S.F. 94124	L	2	W	9,990	

*Please use codes on back

PLAN SCHEDULE C.2

Fiscal Year 1989-90 NON-JURISDICTION FACILITIES AND PROVIDERS Jurisdiction _____

Name	Address	Type of Facility*	Hours of Service*	Type of Agreement*	Contract Amount	Indicate with an X if services are Provided to Sectio 17000 Eligibles
Mission Neighborhod Health Center	240 Shotwell, S.F. 94110	I	2	W	$ 191,021	X
Rose Resnick Center	1299 Bush St., S.F. 94109	L	2	W	41,302	X
BV-HP Adult Day Health	1706 Yosemite, S.F. 94124	H	2	W	21,959	X
International Institute	2209 Van Ness, S.F., 94109	L	2	W	77,789	X
San Francisco Senior Center	890 Beach St., S.F. 94109	L	2	W	49,628	X
Suicide Prevention	3940 Geary St., S.F. 94118	L	2,4	W	30,288	X
UC Regents - TB Clinics	1001 Potrero, S.F. 94110	K	2	W	103,777	X
International Institute	1490 Mason, S.F. 94133	L	2	W	29,677	X
St. Lukes Neighborhood Health Center	1580 Valencia St., S.F. 94110	I	2	W	53,232	X
Ella Hill Hutch Community Center	1050 McAllister, S.F. 94115	L	2	W	127,400	X
Urban Indian Health Board	56 Julian St, S.F. 94110	L	2	W	38,250	X
Northeast Medical Services	1520 Stockton, S.F. 94133	I	2	W	57,120	
Mt. Zion Hospital	1600 Divisadero St., S.F. 94115	A	1	W	236,204	X
Mission Neighborhood Health Center	240 Shotwell, S.F. 94110	I	2	W	142,230	X
FAmily ServicesAgency	1010 Gough St., S.F. 94115	L	2	W	458,747	X
U.C. Regents	1001 Potero, S.F. 94110	K	2	W	297,840	X
Multicultural Prevention	1540 Market St., S.F. 94102	L	2	W	234,787	X
San Francisco AIDS Foundation	25 Van Ness S.F., 94102	L	2	W	296,787	X
San Francisco AIDS Foundation	25 Van Ness S.F., 94102	L	2	W	79,752	X
San Francisco AIDS Foundation	25 Van Ness S.F., 94102	L	2	W	45,191	X
San Francisco AIDS Foundation	25 Van Ness S.F., 94102	L	2	W	389,293	X
San Francisco AIDS Foundation	25 Van Ness S.F., 94102	L	2	W	350,850	X
California Nurses Assn.	1855 Folsom, Rm. 670, S.F., 94103	L	2	W	10,375	X
California Nurses Assn.	1855 Folsom, Rm. 670, S.F., 94103	L	2	W	31,880	X
Shanti Project	525 Howard St., S.F. 94105	L	2	W	971,109	X
Shanti Project	525 Howard St., S.F. 94105	L	2	W	90,145	X
S.F. Study Center, Inc.	1095 Market #601 S.F. 94103	L	2	W	1,320	X
California College of Podiatry	1210 Scott St., S.F. 94120	L	2	W	9,750	X
Family Service Agency	1010 Gough St., S.F. 94109	L	2	W	5,070	X
Asian American Recovery Ctr.	2024 Hayes, S.F. 94117	L	2	W	30,000	X

*Please use codes on back

PLAN SCHEDULE C.2

Fiscal Year 1989-90 NON-JURISDICTION FACILITIES AND PROVIDERS Jurisdiction _____

Name	Address	Type of Facility*	Hours of Service*	Type of Agreement*	Contract Amount	Indicate with an X if services are Provided to Section 17000 Eligibles
BV HP	6025 Third St., S.F. 94124	L	2	W	50,000	X
Visiting Nurses Assoc.	401 Duboce Ave., S.F. 94117	L	2	W	140,000	X
Catholic Charities	1049 Market St., S.F. 94102	L	2	W	186,326	X
Catholic Charities	1049 Market St., S.F. 94102	L	2	W	76,848	X
International Institute	1490 Mason, S.F. 94133	L	2	W	173,906	X
Youth Projects, Inc.	1696 Haight St., S.F. 94117	L	2	W	179,494	X
St. Benedict Cntr.	2891 Bush St., S.F. 94115	L	2	W	10,000	X
Bay Area Psychological Services Center	1100 Sanchez St., S.F. 94114	I2	Unk	Y	-	Unk
Bayview Hunters Point Fdn. Third Street Clinic	3401 Thirs St, S.F. 94124	I2	Unk	Y	-	Unk
Easter Seal SC CR CH ADLT of SF, Inc.	6221 Geary Blvd., S.F. 94121	I2	Unk	Y	-	Unk
Earnest Gallo Clinic & Research Center	1001 Potrero #4M62, S.F. 94110	I2	Unk	Y	-	Unk
Financial District Women's Health Center	582 Market St., S.F. 94104	I2	Unk	Y	-	Unk
Instituto Familiar De La Raza	2515 24th St #2, S.F. 94110	I2	Unk	Y	-	Unk
Lyon-Martin Womens Health Services	2480 Mission St #214, S.F. 94110	I2	Unk	Y	-	Unk
Merriouns Phychological Institute	242 Myrtle St., S.F. 94109	I2	Unk	Y	-	Unk
Mission Neighborhood Health Center	240 Shotwell, S.F. 94110	I2	Unk	Y	-	Unk
Native American Health Center	56 Julian Ave., S.F. 94103	I2	Unk	Y	-	Unk
North East Medical Services	1520 Stockton St., S.F. 94133	I2	Unk	Y	-	Unk
On Lok Senior Health Svcs	1441 Powell St., S.F. 94133	I2	Unk	Y	-	Unk
On Lok Senior Health Svcs	1455 Bush, S.F. 94133	I2	Unk	Y	-	Unk
On Lok Senior Health Svcs	831 Broadway, S.F. 94133	I2	Unk	Y	-	Unk
Planned Parenthood Alameda San Francisco	815 Eddy St,. Ste 200, S.F. 94109	I2	Unk	Y	-	Unk
Richmond Maxi-Center	3626 Balboa, S.F. 94121	I2	Unk	Y	-	Unk
San Francisco Regional Hansen's Disease Project	2211 Post St., S.F. 94115	I2	Unk	Y	-	Unk

*Please use codes on back

PLAN SCHEDULE C.2

Fiscal Year 1989-90 NON-JURISDICTION FACILITIES AND PROVIDERS Jurisdiction San Francisco

Name	Address	Type of Facility*	Hours of Service*	Type of Agreement*	Contract Amount	Indicate with a. if services are Provided to Section 17000 Eligibles
St. Luke's Neighborhood Clinic	1580 Valencia St., S. F., 94110	I2	Unk	Y	-	Unk
Tenderloin Detox Program	183 Golden Gate Ave., S. F., 94102	I2	Unk	Y	-	Unk
Womens Needs Center	1825 Haight St., S.F., 94117	I2	Unk	Y	-	Unk

*Please use codes on back

Please use the following codes and descriptions to complete Plan Schedule C.2

Code	Type of Facility/Provider
A.	General Acute Care Hospital
B.	Acute Psychiatric Hospital
C.	Psychiatric Health Facility
D.	Skilled Nursing Facility
E.	Intermediate Care Facility - Other
F.	Intermediate Care Facility - Developmentally Disabled
G.	Intermediate Care Facility - Developmentally Disabled/ Habilitative
H.	Home Health Agency
I.	Primary Care Clinic 1. Free Clinic 2. Community Clinic 3. Employees' Clinic
J.	Specialty Clinic 1. Surgical Clinic 2. Chronic Dialysis Clinic 3. Rehabilitation Clinic
K.	Physician or Physician Group Practice
L.	Other

Code	Hours of Service
1.	24 Hours/7 days per week
2.	8 a.m. - 5 p.m./Monday-Friday
3.	Evening Hours
4.	Weekend Hours
5.	Other - Please specify on chart

Code	Type of Agreement
W.	Formal Contract
X.	Written Procedure (e.g., Provider Letter, etc.)
Y.	Current practice not written
Z.	Other - Please specify on chart

HIV Public Health Services Financial Data

Fiscal Year 1989-90

Program/Service Category	Budgeted Expenditures	Budgeted Revenues	Budgeted Net County Cost
a. HIV Testing including pre/post counseling	$	$	$
b. AZT Program			
c. Countywide Coordination/Planning			
d. Case Monitoring			
e. Serologic Monitoring			
f. Education/Information Services			
g. Other (please describe)			
1. _____			
2. _____			
3. _____			
TOTALS	$	$	$

COMPLETION OF THIS FORM IS IN PROCESS. FORM WILL BE COMPLETED AND FORWARDED TO YOU AS SOON AS POSSIBLE.

Plan Schedule D.2 Jurisdiction _____

HIV Inpatient/Outpatient Services Financial Data Fiscal Year 1989-90

Program/Service Category	Budgeted Expenditures	Budgeted Revenues	Budgeted Net County Cost
a. Outpatient	$	$	$
b. Emergency			
c. Inpatient Acute			
d. Discharge Planning			
e. Case Management			
f. Home Health Services			
g. Inservice Education			
h. Other (please describe)			
1. _____			
2. _____			
3. _____			
TOTALS	$	$	$

Number of dedicated acute care beds available in county owned or contract facilities _____

Number of dedicated skilled nursing care available in county owned or contract facilities _____

Number of clinic hours per week and per month month in county owned or contract clinics _____ _____
WEEK MONTH

COMPLETION OF THIS FORM IS IN PROCESS. FORM WILL BE COMPLETED AND FORWARDED TO YOU AS SOON AS POSSIBLE.

COUNTY HEALTH SERVICES
FISCAL YEAR 1989-90
BUDGET
FOR

CITY AND COUNTY OF SAN FRANCISCO

STATE/COUNTY COST SHARE SUMMARY AND APPLICATION
FOR COUNTY HEALTH SERVICES FUNDS

JURISDICTION: SAN FRANCISCO 38
FISCAL YEAR: 1989/90
DATE PREPARED: OCT 5, 1989

I. County Health Services Fund Allocation

A. Net County Cost (NCC) Standard Table 1, Column 1	77,824,164
B. Per Capita Grant Table 1, Column 2	3,678,352
C. Maximum State/County Cost Sharing Amt. Table 1, Column 3	74,145,812
D. Maximum State Share Amount Table 1, Column 4	37,072,906
E. Maximum State Amount Table 1, Column 5	40,751,258
F. Medically Indigent Services Prog. Alloc. Table 2	20,220,559

II. County's Health Services Budget

A. NCC--as budgeted by County	150,184,158
B. Per Capita Grant (Same as I.B.)	3,678,352
C. Proposed State/County Cost Share Amount	146,505,806
D. State Share Amount	37,072,906
E. County Share Amount	109,432,900

III. Optional AB 8 Hearing

A. Maximum St./Co. Cost Share Amt. (I.C.)	N/A
B. Proposed St./Co. Cost Share Amt. (II.C.)	N/A
C. NCC Reduct'n Subj. to Hrng. (III.A.-B.)	N/A
D. Proposed State Share (Max 60% of III.B.)	N/A
E. Proposed County Share (III.B.-III.D.)	N/A
F. State/County Cost Sharing Rate	1.0000000000

IV. MISP Allocation

A. Co. Indigent Svcs. NCC--as budgeted	67,189,723
B. Proposed MISP Allocation	20,220,559

V. Application for County Health Svcs. Funds

A. Per Capita Grant	3,678,352
B. Proposed State Share	37,072,906
C. Proposed MISP Allocation	20,220,559
D. Total Proposed State Funding	60,971,817

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
Budget Schedule 1 - Summary of County Budgeted Financial Data FY: 1989/90

Jurisdiction: SAN FRANCISCO 38
Date Prepared: OCT 5, 1989

	(1) ADJUSTED EXPENDITURES	(2) ADMINISTRATIVE OVERHEAD CWCAP	(3) DEPRECIATION	(4) TOTAL ESTIMATED EXPENDITURES	(5) ADJUSTED REVENUES	(6) TOTAL ESTIMATED NET COUNTY COST
PUBLIC HEALTH	30,891,554	0	530,670	31,422,224	6,411,656	25,010,568
INPATIENT/ OUTPATIENT	297,567,360	0	4,921,171	302,488,531	177,314,941	125,173,590
TOTAL FOR COUNTY HEALTH SERVICES	328,458,914	0	5,451,841	333,910,755	183,726,597	150,184,158

Name of person who prepared these Report Schedules : AZUCENA S. LEIGH/EROTIDA D. LAO

Title : Acting Deputy Finance Director/Head Accountant

Telephone Number : (415) 554-2510

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET Date Prepared: OCT 5, 1989
Budget Schedule 2 - Summary of Public Health Financial Data By Budget Unit
1989/90 Local Jurisdiction: SAN FRANCISCO 38

Method of Accounting: Modified Accrual X Full Accrual ___ Cash ___
Has this method of accounting changed since the previous fiscal year?
Yes ___ No X

BUDGET UNIT NUMBER	UNIT TITLE	(1) ADJUSTED EXPENDITURES fr.Sch3A Col 3	(2) ADJUSTED REVENUES Fr.Sch3B Col 3	(3) NET COSTS Col. 1 less Col. 2
441154	LAB SERVICES	1,586,040	204,674	1,381,366
732404	HEALTH CENTERS	5,966,469	213,481	5,752,988
732412	ENVIRONMENTAL HEALTH	6,292,241	3,991,855	2,300,386
441600	RECORDS AND STATIS	531,640	427,624	104,016
732420	DISEASE CONTROL	3,051,980	84,699	2,967,281
441808	DENTAL CLINIC	552,913	42,493	510,419
441857	MATERNAL & CHLD HLTH	2,454,805	1,329,672	1,125,133
732198	EMERG MED SVCS AGEN	796,632	24,433	772,199
732388	AIDS OFFICE	6,421,803	32,452	6,389,351
732396	AIDS LAB	55,325	0	55,325
732453	AIDS HEALTH CENTER	87,453	0	87,453
732461	AIDS DISEASE CONTROL	384,294	0	384,294
732438	SR HLTH SVCS	705,144	16,928	688,216
732446	DOWNTOWN BRNCH SR CIT	42,861	0	42,861
732446	NO OF MKT SR SVC PROJ	682,657	35,333	647,324
441006	GENERAL ADMIN	538,401	0	538,401
733535	CPHS ADMIN	413,443	0	413,443
732347	REFUGEE PREVENTIVE	0	0	0
0	HEALTH SERVICES	67,466	0	67,466
733378	WORKMEN'S COMP.-C.O.	87,021	0	87,021
733527	AIDS EPID & PREV SVS	0	0	0
732594	MIA	172,966	8,010	164,956
0	0	0	0	0
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	TOTALS	30,891,554	6,411,656	24,479,898
		To Sch 1 Col 1	To Sch 1 Col 1	

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET Date Prepared: OCT 5, 1989
Budget Schedule 2A - Public Health Expenditures By Budget Unit

Fiscal Yr: 1989/90 Local Jurisdiction: SAN FRANCISCO 39

BUDGET UNIT NUMBER	COUNTY BUDGET PAGE NUMBER	UNIT TITLE	(1) EXPENDITURES PER BUDGET ITEM	(2) DEDUCTIONS EXCLUDED PROGRAMS	(2) DEDUCTIONS EXCLUDED CAP EXPENSE	(3) ADJUSTED EXPENDITURES Col 1 - Col 2
441154	565	LAB SERVICES	1,586,040	0	0	1,586,040
732404	569	HEALTH CENTERS	18,280,241	12,313,772	0	5,966,469
732412	555	ENVIRONMENTAL HEALTH	6,300,941	0	8,700	6,292,241
441600	572	RECORDS AND STATIS	531,640		0	531,640
732420	574	DISEASE CONTROL	3,157,658	98,338	7,340	3,051,980
441808	577	DENTAL CLINIC	552,913	0	0	552,913
441857	578	MATERNAL & CHLD HLTH	2,454,805	0	0	2,454,805
732198	551	EMERG MED SVCS AGEN	805,532	0	8,900	796,632
732388	587	AIDS ACTIVITY OFFICE	6,421,803	0	0	6,421,803
732396	589	AIDS LAB	55,325	0	0	55,325
732453	590	AIDS HEALTH CENTER	521,822	434,369	0	87,453
732461	591	AIDS DISEASE CONTROL	384,294	0	0	384,294
732438	581	SR HLTH SVCS	705,144		0	705,144
732446	582	DOWNTOWN BRNCH SR CI	42,861	0	0	42,861
732446	583	NO OF MKT SR SVC PRO	682,657	0	0	682,657
441006	543	GENERAL ADMIN	7,212,440	6,670,435	3,604	539,401
733535	559	CPHS ADMIN	413,443	0	0	413,443
732347	564	REFUGEE PREVENTIVE	0	0	0	0
		HEALTH SERVICES	67,466	0	0	67,466
733378	540	WORKMEN'S COMP.-C.O.	87,021	0	0	87,021
732594	560	MIA	518,058	345,092	0	172,966
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		TOTALS	50,792,104	19,862,006	23,544	30,891,554

To Sch 2 Col 1

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET — Date Prepared: OCT 5, 1989

Budget Schedule ZB - PUBLIC HEALTH Revenues By Budget Unit

Fiscal Yr: 1989/90 — Local Jurisdiction: SAN FRANCISCO 38

BUDGET UNIT NUMBER	SUB ACCOUNT NUMBER	COUNTY BUDGET PAGE NUMBER	UNIT TITLE	REVENUE SOURCE	(1) REVENUE BY SUBACCOUNT NUMBER	(2) DEDUCTIONS	(3) ADJUSTED REVENUES Col 1-Col 2
441154	60247515	138	LABORATORY SERVICES	FEES/ST	204,674	0	204,674
					204,674	0	204,674
732404	6224/299	138-139	HEALTH CENTERS	STATE	1,903,193	1,689,712	213,481
	7501-2-3				0		0
					1,903,193	1,689,712	213,481
732414	5221/222	138-139	ENVIRONMENTAL HEALTH	FEES	3,991,855	0	3,991,855
	5227/521						0
	5321						0
	7044						0
	7108						0
	7110						0
	7501-04						0
	7519						0
	7520						0
	7521						0
	7590						0
							0
							0
							0
							0
					3,991,855	0	3,991,855
441600	7509	138-139	RECORDS AND STATIST	FEES	427,624	0	427,624
	7510						0
	7511						0
					427,624	0	427,624
732738	6224	138-139	AIDS		32,452	0	32,452
			Total AIDS				
				TOTALS	32,452	0	32,452

To Sch3 Col2

BUDGET UNIT NUMBER	SUB ACCOUNT NUMBER	COUNTY BUDGET PAGE NUMBER	UNIT TITLE	REVENUE SOURCE	(1) REVENUE BY SUBACCOUNT NUMBER	(2) DEDUCTIONS	(3) ADJUSTED REVENUES Col 1-Col 2
732429	62247601	138-139	DISEASE CONTROL	ST/FEES	84,699	0	84,699
					84,699	0	84,699
441808	6224 7513-14	138-139	DENTAL CLINIC	FEES/ST.	42,495	0	42,495
					42,495	0	42,495
441857	6239/224 7512/16 6026	138-139	MATERNAL AND CHILD H	STATE	1,329,672	0	1,329,672
				FEES	0		0
				STATE	0		0
					1,329,672	0	1,329,672
732195	7590	138-139	EMERG MED SVCS AGEN	FEES	24,433	0	24,433
					24,433	0	24,433
732446	7602 7603	138-139	NO. OF MKT SR SVCS P	STATE/FED	35,333	0	35,333
							0
					35,333	0	35,333
732594	6221/224	138	MIA	STATE	294,259	286,249	8,010
					294,259	286,249	8,010
732473	6224	138	SR HEALTH SERVICES	STATE	16,928	0	16,928
					16,928	0	16,928
				TOTALS	8,387,617	1,975,961	6,411,656

*Source: Report No. 1400 Dated: July 5, 1989 To Sch2 Col2

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET Date Prepared: OCT 5, 1989
Budget Schedule 3 - Summary of Inpatient/Outpatient Financial Data By Budget Unit
1989/90 Local Jurisdiction: SAN FRANCISCO 38

Method of Accounting: Modified Accrual X Full Accrual _ Cash _
Has this method of accounting changed since the previous fiscal year?
Yes _ No X

BUDGET UNIT NUMBER	UNIT TITLE	(1) ADJUSTED EXPENDITURES fr.Sch2A Col 3	(2) ADJUSTED REVENUES fr.Sch2B Col 3	(3) NET COSTS Col. 1 less Col 2
441006	GENERAL ADMIN	5,021,720	0	5,021,720
441055	FORENSIC SVCS MEDI	10,043,339	447,659	9,595,680
443010	SFGH EMERG MED	8,865,065	0	8,865,065
448274	LHH	79,811,757	65,138,500	14,673,257
462580	SFGH ACUTE OPERATIONS	180,352,273	109,752,821	70,599,452
462598	SFGH PSYCH SVCS	0	0	0
467606	SFGH METHADONE	0	0	0
731398	FORENSIC SVCS YGC	0	0	0
731406	FORENSIC SVCS JAIL PSY	0	0	0
731414	FORENSIC SVCS WARD 7B	0	0	0
732347	ROSE RESNICK CTR	40,590	0	40,590
732347	HAIGHT ASHBURY FREE CLNC	95,907	0	95,907
732347	BAYVIEW HP AMB HEALTH	289,420	0	289,420
732404	HLTH CENTERS	12,267,828	1,689,712	10,578,116
732594	MIA	345,092	286,249	58,843
733907	FORENSIC SVCS CSP	0	0	0
732453	AIDS HEALTH CENTER	434,369	0	434,369
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TOTALS		297,567,360	177,314,941	120,252,419
		To Sch 1 Col 1	To Sch 1 Col 5	

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET Date Prepared: OCT 5, 1989
Budget Schedule 3A - Inpatient/Outpatient Expenditures By Budget Unit

Fiscal Yr: 1989/90 Local Jurisdiction: SAN FRANCISCO 38

BUDGET UNIT NUMBER	COUNTY BUDGET PAGE NUMBER	UNIT TITLE	(1) EXPENDITURES PER BUDGET ITEM	(2) DEDUCTIONS EXCLUDED PROGRAMS	(2) DEDUCTIONS EXCLUDED CAP EXPENSE	(3) ADJUSTED EXPENDITURES Col 1 - Col 2
441006	541-543	GENERAL ADMIN	7,212,440	2,190,720		5,021,720
441055	643-644	FORENSIC SVCS MEDI	10,043,339	0		10,043,339
443010	96-97	SFGH EMERG MED	9,448,656	0	583,591	8,865,065
448274	77-80	LHH	80,378,407	0	566,650	79,811,757
462580	88-91	SFGH ACUTE OPERATION	181,412,971	0	1,060,698	180,352,273
462598	92-93	SFGH PSYCH SVCS	13,677,558	13,677,558		0
467606	94-95	SFGH METHADONE	1,078,159	1,078,159	0	0
731398		FORENSIC SVCS YGC	0	0	0	0
731406	647	FORENSIC SVCS JAIL P	1,332,473	1,332,473	0	0
731414		FORENSIC SVCS WARD 7	0	0	0	0
732347	563	ROSE RESNICK CTR	40,590	0	0	40,590
732347	562	HAIGHT ASHBURY FREE	95,907	0	0	95,907
732347	561	BAYVIEW HP AMB HEALT	289,420	0	0	289,420
732404	568-569	HLTH CENTERS	18,280,241	5,966,469	45,944	12,267,828
732594	560	MIA	518,058	172,966	0	345,092
733907	639-640	FORENSIC SVCS CSP	1,666,426	1,666,426		0
732453	590	AIDS HEALTH CENTER	521,822	87,453	0	434,369
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		TOTALS	325,996,467	26,172,224	2,256,883	297,567,360

To Sch 2 Col 1

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET — Date Prepared: OCT 5, 1989

Budget Schedule 3B - INPATIENT/OUTPATIENT Revenues By Budget Unit

Fiscal Yr: 1989/90 — Local Jurisdiction: SAN FRANCISCO 38

BUDGET UNIT NUMBER	SUB ACCOUNT NUMBER	COUNTY BUDGET PAGE NUMBER	UNIT TITLE	REVENUE SOURCE	(1) REVENUE BY SUBACCOUNT NUMBER	(2) DEDUCTIONS	(3) ADJUSTED REVENUES Col 1-Col 2
441055	6220 7801 7802	146	FORENSIC SERVICES	FEES/ STATE	3,693,894	3,246,235	447,659 0 0
					3,693,894	3,246,235	447,659
448274	7508 7514 7601-04 7607 7608 7619 7699 6220	4	LAGUNA HONDA HOSPITA	FEES/ STATE/ FED	65,752,816	614,316	65,138,500 0 0 0 0 0 0 0 0
					65,752,816	614,316	65,138,500
462580	6221&24 7671-77 7681-85 7692-93	9	SFGH	FEES/ FED/STATE	140,278,715 0	30,525,894 0	109,752,821 0 0 0
					140,278,715	30,525,894	109,752,821
732404	7601		HEALTH CENTERS	FEES	1,903,193	213,481	1,689,712
					1,903,193	213,481	1,689,712
732594	6221/24	1	ADMIN MIA ELIG	STATE	294,259	8,010	286,249
					294,259	8,010	286,249
							0 0 0
				TOTALS	211,922,877	34,607,936	177,314,941

To Sch2 Col2

City & County of San Francisco
COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
EXPLANATION OF AB8/CHS DEDUCTIONS
Budget Schedule 2A - Public Health Expenditures
FY 1989-90

Budget Unit Number	Unit Title	Amount	Reason
	A. Excluded Program		
732404	Health Center	$ 12,313,772	See Exhibit "B"
732420	Disease Control	98,338	See Exhibit "A"
732453	AIDS Health Center	434,369	Applicable to Inpatient/Outpatient
441006	General Admin	6,670,435	See Exhibit "C"
732594	MIA	345,092	See Exhibit "E"
	Total	$ 19,862,006	
	B. Excluded Capital Expenditures		
732412	Environmental Health	$ 8,700	Capital Expenditure Budget
732420	Disease Control	7,340	" " "
732198	EMS	8,900	" " "
441006	General Admin	3,604	" " "
	Total	$ 28,544	
	GRAND TOTAL	$ 19,890,550	

Ref 0896/12

City & County of San Francisco
County Health Services
MULTI-YEAR PLAN AND BUDGET
EXPLANATIONS OF AB8/CHS DEDUCTION
Budget Schedule 2B - Public Health Revenue
FY 1989-90

Budget Unit Number	Unit Title	Amount	Reason
732404	Health Center	$ 1,689,712	Applicable to Inpatient/Outpatient
441006	MIA	286,249	Applicable to Inpatient/Outpatient
	Total	$ 1,975,961	

Ref 0896/16

City & County of San Francisco
COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
EXPLANATION OF AB8/CHS DEDUCTIONS - INPATIENT/OUTPATIENT
Budget Schedule 3A
FY 1989-90

Budget Unit Number	Unit Title	Amount	Reason
	A. Excluded Programs		
732594	MIA	$ 172,966	Amt applicable to Public Hlth
462598	SFGH Psych Services	13,677,558	Psych Services
467606	SFGH Methadone	1,078,159	Psych Services
733907	Forensic Services CSP	1,666,426	Forensic Services
731406	Forensic Services Jail	1,332,473	Forensic Services
732404	Health Centers Home Health	5,966,469	Applicable to Public Health
732453	AIDS Health Center	87,453	" " " "
441006	General Administration	2,190,720	" " " "
	Total	$ 26,172,224	
	B. Excluded Capital Expenditures		
448274	Laguna Honda Hospital	$ 566,650	Capital Expenditure Budget
462580	SFGH Acute Operation	1,060,698	" " "
443010	SFGH Emergency Medical	583,591	" " "
732404	Health Centers	45,944	" " "
	Total	$ 2,256,883	
	Grand Total	$ 28,429,107	

Ref 0896/13

CITY & COUNTY OF SAN FRANCISCO
COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
Explanations of AB-8/CHS Deductions
Budget Schedule 3B-Inpatient/Outpatient revenues
Fiscal Year 1989-90

BUDGET UNIT NUMBER	UNIT TITLE		AMOUNT	REASON
732594	MIA		$ 8,010	Applicable to Public Health
448274	Laguna Honda Hospital		614,316	AB8
462598	San Francisco General Hospital	$ 23,698,998		AB8
		1,389,767		Short Doyle-Non Medi-Cal
		5,437,129		Short Doyle-Medi-Cal
	Sub-Total		30,525,894	
732404	Health Centers		213,481	Applicable to Public Health
441055	Forensic Services		3,246,235	AB8
	TOTAL		$ 34,607,936	

0903i/8

MEDICALLY INDIGENT SERVICES PROGRAM
REPORT SCHEDULE 100
SUMMARY OF INDIGENT HEALTH SERVICES FINANCIAL DATA
PLAN AND BUDGET REPORT

COUNTY OF: SAN FRANCISCO TE
FISCAL YEAR: 1985-86
DATE PREPARED: OCT 3, 1985

BUDGET UNIT NUMBER	AB 8 REPORTABLE (1) INDIGENT SERVICES COSTS	(2) INDIGENT SERVICES REVENUE	(3) INDIGENT SERVICES NET	(4) DISTRIBUTION OF MISP FUNDS (REVENUE TO AB 8)	NON AB 8 REPORTABLE (5) INDIGENT SERVICES COSTS	(6) INDIGENT SERVICES REVENUE	(7) INDIGENT SERVICES NET	(8) DISTRIBUTION OF MISP FUNDS (NOT REVENUE TO AB 8)
732594	331,149	0	331,149	213,021	0	0	0	
462550	48,787,470	2,747,697	45,039,773	15,930,905	3,625,941	0	3,625,941	2,195,230
730366	0	0	0		14,794,452	0	14,794,452	1,359,393
732172	0	0	0		703,357	0	703,357	41,010
733519	0	0	0		21,803	0	21,803	
733493	0	0	0		5,081	0	5,081	
732404	2,420,384	772,187	1,648,197		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
0	0	0	0		0	0	0	
TOTAL	51,559,003	3,519,884	48,039,119	16,143,926	19,150,604	0	19,150,604	4,596,633

TOTAL INDIGENT SERVICES - COSTS (COLUMN 1 PLUS COLUMN 5)(MUST AGREE TO 17000 UTILIZATION AND COSTS REPORT)	71,709,607
TOTAL INDIGENT SERVICES - REVENUES (COLUMN 2 PLUS COLUMN 6)	3,519,884
TOTAL INDIGENT SERVICES - NET (COLUMN 3 PLUS COLUMN 7)	67,189,723
TOTAL DISTRIBUTION OF MISP FUNDS (AB 8 REPORTABLE/NON REPORTABLE)(COLUMN 4 PLUS COLUMN 8)	20,020,559
MISP ALLOCATION (TABLE 2)	20,020,559
DIFFERENCE BETWEEN TOTAL DISTRIBUTION AND MISP ALLOCATION	0

MEDICALLY INDIGENT SERVICES PROGRAM
REPORT SCHEDULE 100A
ADJUSTMENTS TO ARRIVE AT INDIGENT HEALTH SERVICES APPROPRIATIONS
PLAN AND BUDGET REPORT

COUNTY OF: SAN FRANCISCO 38
FISCAL YEAR: 1989/90
DATE PREPARED: OCT 5, 1989

BUDGET UNIT NUMBER	REF. PAGE NUM.	UNIT TITLE	(1) APPROPRIATION (Per Budget Item)	(2) DEPRECIAT'N (Attach Deprec. Schedule)	(3) CWCAP (Excluding Roll Forwd)	(4) DEDUCTIONS NON-MISP COSTS (Requires Explanation)	(5) TOTAL MISP INDIGENT COSTS	(6) NON AB8 REPORTED INDIGENT SERVICES COSTS	(7) AB8 REPORTED INDIGENT SERVICES COSTS
730594	560	MIA	518,058		9,123	176,032	351,149		351,149
462330	(1)	SF GENERAL HOSPITAL	196,168,688	3,911,518	3,454,355	151,121,150	52,413,411	3,625,941	48,787,470
730366	(2)	COMM. MENTAL HEALTH	64,300,404		1,132,273	50,638,225	14,794,452	14,794,452	0
732172	(3)	COMM. SUBST. ABUSE	11,900,719		209,561	11,406,923	703,357	703,357	0
730519	594	AIDS-CMHS	94,760		1,669	74,526	21,903	21,903	0
732493	595	AIDS-CSAS	35,459		1,505	31,913	5,051	5,051	0
732404	569	HEALTH CENTERS	18,290,241		216,834	16,076,691	2,420,384	0	2,420,384
							0		0
							0		0
							0		0
							0		0
		(1) 88-95					0		0
		(2) 619-640					0		0
		(3) 657-658					0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
							0		0
		TOTAL	291,348,329	3,911,518	5,025,320	229,375,560	70,709,607	19,150,604	51,559,003
								(TO SCH. 100 COL.(5))	(TO SCH. 100 COL.(1))

MEDICAL MEDICALLY INDIGENT SERVICES PROGRAM
REPORT REPORT SCHEDULE 100B.1
ADJUSTM ADJUSTMENTS TO ARRIVE AT INDIGENT HEALTH SERVICES REVENUES
PLAN AN PLAN AND BUDGET REPORT

COUNTY OF: SAN FRANCISCO 38
FISCAL YEAR: 1989/90
DATE PREPARED: OCT 5, 1989

BUDGET UNIT NUMBER	BUDGET UNIT NUMBER	SUB-ACCOUNT NUMBER	REF. PAGE NUMBER	UNIT TITLE	REVENUE SOURCE (fees, state, fed.)	(1) TOTAL REVENUE (Per. Subaccount Number)	(2) DEDUCTIONS ALL NON-MISP REVENUES (Requires Explanation)	(3) TOTAL MISP INDIGENT REVENUES	(4) NON AB8 REPORTED INDIGENT SERVICES REVENUE	(5) AB8 REPORTED INDIGENT SERVICES REVENUE
462330	462330	6220			STATE/			0		0
		7692	10-11	SF GENERAL HOSPITAL	FED,FEE	140,278,715	137,531,018	2,747,697		2,747,697
						140,278,715	137,531,018	2,747,697	0	2,747,697
730366	730366	6074			STATE/			0		0
		7302	146	COMM. MENTAL HEALTH	FED,FEE	42,540,216	42,540,216	0		0
						42,540,216	42,540,216	0	0	0
732172	732172	6074			FED./			0		0
		7698	153	COMM. SUBST. ABUSE	STATE	7,938,078	7,938,078	0		0
						7,938,078	7,938,078	0	0	0
732404	732404	139		HEALTH CENTERS		1,903,193	1,131,006	772,187	0	772,187
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
					TOTAL	192,660,202	189,140,318	3,519,884	0	3,519,884

City & County of San Francisco
Department of Public Health
EXPLANATION OF MISP DEDUCTIONS - EXPENDITURES
FY 1989-90 Budget

Description:

Budget Unit : 732594
Description : MIA
Amount : $176,032

Total Budget plus Administration Costs - Schedule 100A (Col 1 + Col 3)		$ 527,181
Less: MIA - related costs:		
MIA Eligibility - Central Office (Exh E)	$ 44,621	
MIA Medical Service Contracts	300,471	
Subtotal	$345,092	
Administration Costs:		
$ 345,092 / $408,212,809 x $7,188,262 =	6,077	351,169
Total Deduction		$ 176,012

Budget Unit : 462580
Description : SFGH
Amount : $ 172,365,999

Total Budget - Schedule 100A (Col 1-3)	$203,534,561
Less: Expenditures for Indigent charges to total charges Per MCRIFAM 4-2 for June 1989: (see Exhibit F) 25.88% x ($ 203,534,561 - 1,009,789)	52,413,411
Total deduction	$151,121,150

Non AB-8 Reported Indigent Service Costs:	
Psych-Methadone Budgets	$13,727,282
Depreciation (used 1988-89)	46,105
Central Office Adm. Costs (Exh. D)	259,835
Less: Capital Outlay	(22,632)
Net	$14,010,590
Multiply by Indigent ratio-Exhibit F	x 25.88%
Non AB-8 Reportable	$ 3,625,941

Capital Outlay-per Report 1410, Objects 220 & 231	
Psych-Methadone	$ 22,632
Others	987,157
Total	$ 1,009,789

Ref 0896/8

Budget Unit: 730366
Description: Community Mental Health Services
Amount : $ 50,638,225

Total Budget - (Schedule 100A Col 1+3)		$ 65,432,677
Less Expenditures for Indigent Services: (Based on 88-89 CRDC Budget)		
MIA Allocation	$ 2,394,857	
Ad Valorem Overmatch (Refer to Exh G)	11,968,689 *	
Estimated MIA Budgeted Expenditures 88-89 (+ 3% COLA)	14,363,546	(14,794,452)
Total Deduction		$ 50,638,225

* MIA + Short Doyle + Match / Total Revenues - Overmatch x Overmatch

$ 2,394,857 + $34,087,026 / $75,539,900 - $18,660,534 x $18,660,534 = $11,968,689

Budget Unit: 732172
Description: Community Substance Abuse Services
Amount : $ 11,406,923

Total Budget (Schedule 100A Col 1+3)		$ 12,110,280
Less Expenditures for Indigent Services (based on 89-90 Drug Cost Report)		
Non Federal Medical ($509,231 in 86/87, 5% COLA/year)	$ 589,499	
Ad Valorem Overmatch	113,858	(703,357)
Total Deduction		$ 11,406,923

Non-Federal Medical / Drug Revenues - Overmatch x Overmatch

589,499 / 11,844,009 - 1,917,285 x 1,917,285 = $ 113,858

Ref 0896/14

Budget Unit : 733519
Description : AIDS - CMHS
Amount : $ 74,626

Total Budget (Schedule 100A Col 1+3)		$ 96,429
Less Expenditures for Indigent Services (Use ratio of CMHS Col 6 to sum of Col 1+3):		
$\frac{14,794,452}{65,432,677}$ = 22.61% x $ 96,429 =		(21,803)
Total Deduction		$ 74,626

Budget Unit : 733493
Description : AIDS - CMHS
Amount : $ 81,913

Total Budget (Schedule 100A Col 1+3)		$ 86,964
Less Expenditures for Indigent Services (Use ratio of CSAS Col 6 to sum of Col 1+3):		
$\frac{703,357}{12,110,280}$ = 5.81% x $ 86,964 =		(5,051)
Total Deduction		$ 81,913

Ref 0896/15

Budget Unit: 732404
Description: Health Centers
Amount: $16,076,691

Total Budget (Schedule 100A Col 1+3)			$ 18,497,075
Less: 1) Expenditure for Indigent Services per Exhibit I		$ 2,378,501	
2) Administration Costs			
2,378,501 / 408,212,809	x 7,188,262 =	41,883	2,420,384
			$ 16,076,691

CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Explanation of MISP Deduction-Revenue
FY 1989-90 Budget

Budget Unit No. 462580
Revenue Subaccount No. 6220-7692
Title: Various-see Report 1400, Page 9
Amount $ 137,531,018

Total per Report 1400, Page 11	$ 140,278,715
Less: Indigent Revenue-see Exhibit H	(2,747,697)
Total Deduction	$ 137,531,018

Budget Unit No. 730366
Revenue Subaccount No. Various
Title: Various-see Report 1400, Page 146
Amount: $ 42,540,216

No MIA-related revenue documented

Budget Unit No. 732172
Revenue Subaccount No. Various
Title: Various- see Report 1400, Page 153
Amount $ 7,938,078

No MIA-related revenue documented

Budget Unit No. 732404
Revenue Sub-Account No. Various
Title: See details of Report 1400, pages 138 & 139.
Amount: $1,131,006

Total Revenue per Breakdown of Report 1400, pages 138 & 139	$ 1,903,193
Less: MIA related revenue estimated by Revenue Manager	772,187
Total Deduction	$ 1,131,006

0903i/1

COUNTY HEALTH SERVICES
FISCAL YEAR 1989-90
SECTION 17000
INDIGENT HEALTH SERVICES
REPORT

FOR

CITY AND COUNTY OF SAN FRANCISCO

COUNTY San Francisco INDIGENT HEALTH SERVICES QUESTIONNAIRE Fiscal Year 1989-90

1. ELIGIBILITY:

a) Please indicate who conducts Section 17000 WIC eligibility determinations. (Please check all that apply.)

X County employed health personnel
___ County employed welfare personnel
X Contract providers
___ Other providers
___ No eligibility determinations are made. County bills full charges to all patients. (IF YOUR COUNTY DOES NOT UTILIZE A FORMAL PROCESS TO DETERMINE ELIGIBILITY FOR INDIGENT HEALTH SERVICES, SKIP QUESTIONS 1.b THROUGH 1.m).

b) Please indicate where eligibility determinations are made by location. (Please check all that apply.)

___ County Welfare Department
X County Hospital/Clinics
___ County Health Department
X Contract Providers/Facilities
___ Other. Please specify: _____

c) Please estimate the percent of Section 17000 WIC eligibility determinations made within the following time periods.

___ % Prior to services being rendered, no immediate medical need.

97 % Prior to services being rendered, immediate medical need required.

3 % After services are rendered.

100 % TOTAL

d) What standard does your county use to determine eligibility for county indigent health services provided pursuant to Section 17000 WIC?

___ Anyone in need of such services will be treated.
___ Medi-Cal Medically Needy Only (MNO) income and property/resource standards are used to determine eligibility for health service.
___ County general assistance/relief income and property/resource standards are used to determine eligibility.
___ A standard above the Medi-Cal income standard for cash grant receipt.
X Other county income and property/resource standards will be used to determine eligibility. Please describe:
Please see attached standards

e) Please check all criteria used to determine eligibility for county indigent health services.

X Income
___ Real Property
___ Personal Property
___ Other--please describe: _____
X Residency
X Liquid Assets

___ County indigent health services are provided to anyone in need of such services.

MIA ELIGIBILITY STANDARDS

I. Patient is San Francisco resident between ages 21 and 64.
II. Patient is not eligible for Medi-Cal.
III. Liquid assets (cash, money in bank) are below personal property limit for number in immediate family.

MIA PERSONAL PROPERTY LIMITS

NUMBER OF PERSONS	PERSONAL PROPERTY LIMIT EFFECTIVE 1/1/89	OLD PERSONAL PROPERTY LIMITS PRIOR TO 1/1/89
1	$2000	$1900
2	3000	2850
3	3150	3000
4	3300	3150
5	3450	3300
6	3600	3450
7	3750	3600
8	3900	3750
9	4050	3900
10 or more	4200	4050

IV. Patient net monthly income is compared to appropriate attached sliding scales for outpatient, emergency room, inpatient emergency and elective admissions, come and go surgical procedures, come and stay procedures and special procedures.

0536a

SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER

OUTPATIENT CLINIC SLIDING SCALE
FOR SAN FRANCISCO RESIDENTS

Use to establish patient share of cost after all other sources of reimbursement have been identified. See the attached guidelines for information on eligibility requirements for sliding scale fees.

PATIENT DESCRIPTION	FC/ PLAN CODE	FEE
MEDICALLY INDIGENT ADULT General Assistance recipients (verified)	(C) 821	0/ Full Write Off
All other MIA patients with net monthly income of 0 to $1499	(C) 831	$20 per month of service
IRCA/Amnesty patients with net monthly income of 0 to $1499	(A) 854	$20 per month of service
All other non MIA patients with net monthly income of 0 to $1499	(A) 851	$20 per month of service
All patients with net monthly income of $1500 and over	(4) 402	Full Bill

Patients can contact the Business Office to arrange payment plans or adjustment of bills.

SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER

EMERGENCY ROOM SLIDING SCALE
FOR SAN FRANCISCO RESIDENTS

Use to establish patient share of cost after all other sources of reimbursement have been identified. See the attached guidelines for information on eligibility requirements for sliding scale fees.

PATIENT DESCRIPTION	FC/ PLAN CODE	FEE
MEDICALLY INDIGENT ADULT General Assistance recipients (verified)	(C) 821	0/ Full Write Off
All other MIA patients with net monthly income of 0 to $1499	(C) 832	$20 per episode
IRCA/Amnesty patients with net monthly income of 0 to $1499	(A) 855	$20 per episode
All other non MIA patients with net monthly income of 0 to $1499	(A) 852	$20 per episode
All patients with net monthly income of $1500 and over	(4) 402	Full Bill

Patients can contact the Business Office to arrange payment plans or adjustment of bills.

SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER
FEE SCALE FOR SAN FRANCISCO RESIDENTS

FOR INPATIENT EMERGENCY AND ELECTIVE ADMISSIONS, COME AND GO SURGICAL PROCEDURES, COME AND STAY PROCEDURES, AND SPECIAL PROCEDURES*

(SEE ATTACHED SLIDING SCALE CHART)

Use to establish patient share of cost after all other sources of reimbursement have been identified. See the attached guidelines for information on eligibility requirements for sliding scale fees.

PATIENT DESCRIPTION	FC/ PLAN CODE	FEE
MEDICALLY INDIGENT ADULT General Assistance recipients (verified)	(C) 821	0/ Full Write Off
All other MIA patients with net monthly income of 0 to $2999	(C) 830	Share of cost from attached chart
IRCA/Amnesty patients with net monthly income of 0 to $2999	(A) 853	Share of cost from attached chart
All other non MIA patients with net monthly income of 0 to $2999	(A) 850	Share of cost from attached chart
All patients with net monthly income of $3000 and over	(4) 402	Full Bill

Eligibility staff will work with patients to arrange payment of deposits for non emergency services. Patients can contact the Business Office to arrange payment plans for bills for emergency services or balances of bills owed for non emergency services.

*Special Procedures are expensive outpatient procedures which require separate billing from the patient's regular outpatient account. Deposits are required in certain cases.

SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER
SLIDING SCALE FOR SAN FRANCISCO RESIDENTS

To be used for Inpatient Emergency, and Elective,
Come and Stay Procedures, Come and Go Procedures and Special Procedures
Normally approved by Medi-Cal

* To be eligible for Sliding Scale patients must have liquid assets (bank accounts, stocks, etc.) within Medi-Cal/MIA personal property limits (See below)

Family Net Monthly Income Gross Minus Mandatory Deductions	Liability Per Person Per Episode of Service — Number of Family Members Dependent of Income									
	1	2	3	4	5	6	7	8	9	10
$0-499	100	100	100	100	100	100	100	100	100	100
500-599	100	100	100	100	100	100	100	100	100	100
600-699	110	100	100	100	100	100	100	100	100	100
700-799	120	100	100	100	100	100	100	100	100	100
800-899	130	110	100	100	100	100	100	100	100	100
900-999	140	120	110	100	100	100	100	100	100	100
1000-1099	150	130	120	100	100	100	100	100	100	100
1100-1199	160	140	130	110	100	100	100	100	100	100
1200-1299	180	150	140	120	110	100	100	100	100	100
1300-1399	200	160	150	130	120	100	100	100	100	100
1400-1499	220	180	160	140	130	110	100	100	100	100
1500-1599	240	200	180	150	140	120	100	100	100	100
1600-1699	260	220	200	160	150	130	110	100	100	100
1700-1799	280	240	220	180	160	140	120	110	100	100
1800-1899	300	260	240	200	180	150	130	120	110	100
1900-1999	350	280	260	220	200	160	140	130	120	110
2000-2099	425	300	280	240	220	180	150	140	130	120
2100-2199	500	350	300	260	240	200	160	150	140	130
2200-2299	600	425	350	280	260	220	180	160	150	140
2300-2399	700	500	425	300	280	240	200	170	160	150
2400-2499	850	600	500	350	300	260	220	180	170	160
2500-2599	1000	700	600	425	350	280	240	200	180	170
2600-2699	1150	850	700	500	425	300	260	220	200	180
2700-2799	1300	1000	850	600	500	350	280	240	220	200
2800-2899	1500	1150	1000	750	600	425	300	260	240	220
2900-2999	1800	1300	1150	850	700	500	350	280	260	240
3000 & Above	Full Bill	Full Bill	Full Bill	Full Bill	Full Bill	Full Bill	Full Bill	Full Bill	Full Bill	Full Bill

f) In determining eligibility for county indigent health services, whose income property and resources are considered? (Please check all that apply.)

X Applicant
X Spouse
___ Everyone living in household claimed for tax purposes.
X Parents/minor children living in home
___ Parents/adult children living in home

g) What kinds of income are considered in determining eligibility for county indigent health services? (Please check all that apply.)

X Salary
X Rental from real property
X Unemployment payment
X Gifts
X Pension
___ Other (please describe):
X Annuity
X Spousal support
X Grants/loans
X Dividends
X Retirement

h) If family units are considered in determining eligibility, what monthly income levels are used to determine who is eligible for health care services, and what method is utilized in making this determination?

MONTHLY INCOME LEVELS	Amount	METHOD USED IN MAKING DETERMINATION
One person family unit:	$ ___	___ Medi-Cal Share of Cost Standards
Two person family unit:	$ ___	X Sliding Fee Schedule
Three person family unit:	$ ___	___ Percent of Bill
Four person family unit:	$ ___	___ Other (please describe): ___
Five person family-unit:	$ ___	

i) What types of property are considered in determining eligibility for county indigent health services? (Please check all that apply).

___ none
___ home
___ household property
___ business
___ other real property
___ motor vehicles
___ life estates
___ jewelry/ heirlooms
___ recreational vehicles
X stock/bonds
___ other
___ burial trusts
___ burial plots
X liquid assets
___ insurance policies

j) What is the maximum value of property allowed in determining eligibility for county indigent health services?

___ Not Applicable

	Amount
One person family unit	$ 2,000
Two person family unit	$ 3,000
Three person family unit	$ 3,150
Four person family unit	$ 3,300
Five person family unit	$ 3,450

k) Can someone with excess income and/or resources be eligible for your county's program? X Yes ___ No

l) Once eligibility for county indigent health services has been established, how often is eligibility re-determined or verified? (Please check all that apply.)

X	Every time patient needs health services?	____	Monthly?
____	Every other month?	X	Every three months?
____	Every six months?	____	Annually?
____	Other--please describe:		

m) Please summarize any significant changes in the eligibility standards for indigent health services which have been made since your last Plan and Budget submission.

New sliding scale fee policy instituted at San Francisco General Hospital

2. SERVICES

a) Please indicate all types of health services made available to county indigents pursuant to Section 17000 WIC. (See Sections 14021 and 14132, Welfare and Institutions Code for complete services listing/definitions).

X	Emergency Inpatient Hospital Services	X	Dialysis Services
X	Non-Emergency Inpatient Hospital Services	X	Emergency Physician Servs.
____	Inpatient Rehabilitation Services	X	Family Planning Services
X	Inpatient Mental Health Services	X	Blood & Blood Derivatives
____	Nurse Anesthetist Services	X	Lab and X-ray
X	Outpatient Pharmaceutical/Medical Supplies	X	Dental Services
X	Other Outpatient Mental Health Services	X	Podiatry
____	Eyeglasses and Eye Appliances	X	Optometry
X	Non-Physician Medical Practitioner	X	Psychology
____	Prayer or Spiritual Healing	____	Chiropractic
X	Non-Emergency Physician Services	____	Acupuncture
X	Paramedic Services	X	Physical Therapy
X	Skilled Nursing Facility Services	X	Occupational Therapy
____	Intermediate Care Facility Services	X	Speech Pathology
X	Home and Community-Based Services	X	Audiology
____	Outpatient Rehabilitation Services	X	Hearing Aids
X	Prostheses and Orthoses	X	Home Health Services
X	Durable Medical Equipment	X	Adult Day Health Care
X	Emergency Transportation Services	____	In-Home Medical Care
____	Non-Emergency Transportation Services	____	Other - Please Specify

b) Please indicate all types of referrals and authorization procedures adopted by your county before county Section 17000 WIC indigent care is approved and compensated.

County Hospital		Private Hospital		Contract Hospital		County Clinics		Contract Clinics		Private Clinics		
I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	
												SERVICES
—	—	—	—	X	X	—	—	—	—	—	—	Emergency Care
—	—	—	—	X	—	—	—	—	—	—	—	Specialty Care
—	—	—	—	X	—	—	—	—	—	—	—	Mental Health Care
—	—	—	—	—	—	—	—	—	—	—	—	Rehabilitation Services
—	—	—	—	—	—	—	—	—	—	—	—	Emergency Transportation
												PROCEDURES
—	—	—	—	—	—	—	—	—	—	—	—	Phone
—	—	—	—	X	X	—	—	—	—	—	—	Written
—	—	—	—	X	X	—	—	—	—	—	—	Phone with written follow-up
												Care Authorized By
—	—	—	—	—	—	—	—	—	—	—	—	Medical Director
—	—	—	—	X	—	—	—	—	—	—	—	Staff Physician
—	—	—	—	—	—	—	—	—	—	—	—	Staff Physician w/Medical Director Cosignature
—	—	—	—	X	—	—	—	—	—	—	—	Utilization Review Nurse
—	—	—	—	—	—	—	—	—	—	—	—	Utilization Review Nurse w/Medical Director
—	—	—	—	—	—	—	—	—	—	—	—	No authorization required

3. PATIENT CHARGING, BILLING, AND COLLECTING PROCEDURES

a) Please indicate the patient charging, billing, and collecting procedures to be used in FY 1989-90 for services delivered to indigents. (Please check all that apply.) (NOTE: for Sections B. and C., if you use a specific sequence of procedures, please so indicate by filling in the boxes with corresponding numerals (e.g., 1 = first procedure, 2 = second procedure, etc.)

Used for all Services	Outpatient Services Only	Inpatient Services Only	Not Used	
				A. Charges to patients
—	—	—	X	No charges made to patients
—	—	—	X	Full charge made to patients
—	—	—	X	Set dollar amount (copayment) charged:
				Inpatient $_____
				Outpatient $_____
				Pharmacy $_____
—	—	—	X	Percentage dollar amount (coinsurance or premium) charged
X	—	—	—	Sliding fee scale
—	—	—	X	Other Charge made
				B. Billing and Payment Procedures
—	—	—	X	Charges determined prior to receipt of services
X	—	—	—	Charges determined after receipt of services
—	—	—	X	Payment required prior to services rendered
X	—	—	—	Pre-service deposit required:
				Inpatient $_____ or 100% of sliding fee scale for elective procedu
				Outpatient $_____ or 100% of sliding fee scale for come and go surge come and stay, and special procedures

3. PATIENT CHARGING, BILLING, AND COLLECTING PROCEDURES (continued)

Used for all Services	Outpatient Services Only	Inpatient Services Only	Not Used	B. Billing and Payment Procedures (cont.)
			X	Post-service single payment required
X				Post-service payment plan available
X				County health agency bills
X				Other county agency bills
X				Private provider bills patient directly ambulance by contract
				C. Delinquent Accounts Procedures
			X	Patients denied future services because of outstanding county medical bills
			X	Delinquent accounts charged to Hill-Burton obligations
X				Delinquent accounts handled by county health agency
X				Delinquent accounts handled by other county agency
ambulance				Delinquent accounts handled by private provider
X				Delinquent accounts "written off"
X				Property liens pursued for delinquent accounts

4. ACCESS

(a) Where is the indigent person given individual notification about the availability of low cost medical services? (Please check all applicable locations)

X Where the patient seeks and registers for outpatient/emergency services

X Where the patient is admitted for inpatient services (if he or she hasn't first registered at an outpatient clinic/emergency room)

____ Where eligibility for Section 17000 services is determined, if different from location of medical service.

____ Other (Please explain) _____

(b) Please check which situation listed below applies to your county.

____ Individual notice of available low cost medical service is provided each time treatment is sought

X Individual notice is provided each time treatment is sought unless it is known that the person is already enrolled in the MISP Program (through use of identification card etc.)

____ Individual notice is unnecessary and not provided at county run and/or contract facilities, because all persons seeking medical services are automatically screened for possible reduced cost service, and no applicant is denied service because of inability to pay.

____ Other (Please explain) _____

(c) How is individual notification provided? (Please check all that apply)

X Spoken notification

X Brochure/flyer individually handed out

____ Notification is written into the registration form

____ Other (Please explain) _____

_____

_____

_____

_____

Please provide copies of the flyers, brochures, and registration forms used in providing individual notification.

(d) Is verbal individual notification provided in all languages spoken by at least five percent of the county's population?

X YES ____ NO (If "NO", please indicate language(s) with five or more percent population which are not provided spoken notification):

_____

_____

_____

_____

(e) Is brochure/flyer used for individual notification printed in all languages spoken by at least five percent of the county's population?

X YES ____ NO (If "NO", please indicate language(s) with five or more percent population not provided written notification):

Please provide copies of the flyers, brochures, and registration forms used in providing individual notification.

(f) Notices are required to be posted notifying indigent persons about the availability of reduced cost medical care. Please check all locations where such signs are posted and provide a copy of the posted notices your county uses.

X Emergency center waiting/registration area

X Clinic(s), including hospital outpatient clinics

X Hospital inpatient admitting areas

____ Public assistance offices

____ Mental health facilities

____ Offices/waiting areas of physicians and other providers where indigent persons are served

____ Pharmacies serving indigent persons

____ Other (Please explain) _____

_____

_____

_____

(g) Are signs indicating availability of reduced cost services posted in a foreign language (or languages) if five or more percent of the patients in your county speak that language?

X YES ____ NO (If "NO", please indicate which language(s) you do not have signs for.) Please provide a copy of all foreign language posters your county uses.

(h) Are the signs large, clearly readable, and easily understandable by persons in the waiting areas, and are they placed appropriately close to the registration/admitting desks?

X YES ____ NO

(i) Please check all the methods your county uses, in addition to posted notices, to notify persons about the availability of reduced cost medical services.

X Treatment facility provides individual written notices

____ County notices mailed to beneficiaries

X County worker explains availability of reduced cost services to persons registering for services at county facilities

X Contract facility representative explains availability of reduced cost services to persons registering for service

____ Newspaper articles

____ County mailed notices to beneficiaries

X Community meetings organization meetings

____ Listing in community welfare directory or telephone directory

____ Information operator/service hot line (please specify days and hours of operation and include the telephone number)

____ Other (Please explain) _____

(j) Does your county have a policy of requiring or asking that a patient make a payment before receiving indigent health care services?

X YES ____ NO (If "YES", please describe the county's policies and procedures that assure that a patient's inability to pay will not deny the patient any medically necessary services.)

Some elective procedures require prior deposit of patients' sliding scale fee

MEDICALLY INDIGENT SERVICES PROGRAM
INDIGENT HEALTH SERVICES
ELIGIBILITY DETAIL SHEET

COUNTY OF: SAN FRANCISCO 38
FISCAL YEAR: 1989/90
DATE PREPARED: OCT 5, 1989

BUDGET UNIT NUMBER	UNIT TITLE	APPROP. FOR INDIGENT HEALTH CARE ELIG. DETER.	MISF FUNDS ALLOC. FOR ELIGIBILITY DETERMIN.	NET COSTS FOR INDIGENT HEALTH CARE ELIG. DETER.
772594	MIA ELIGIBILITY-CENTRAL OFFICE	345,092	286,249	58,843
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
	TOTAL	345,092	286,249	58,843

Section 17000 WIC Utilization and Cost Projections

A. Estimated Number of Eligible Individuals and Individuals Receiving County Indigent Services

- o Please estimate the monthly average number of persons eligible for indigent health services..... 10,500
- o Please estimate the monthly average number of persons receiving county indigent health services..... 10,500
- o Please briefly describe the methodology you used to estimate the number of individuals receiving county indigent health services.

No distinction is made between "eligibile" and "user". Eligibility is determined every 3 months but no eligibility file is maintained byond the current month. Estimate assumes 5% increase over FY 88/89 utilization and cost projection.

B. Projected Utilization and Cost by Major Categories of Service

Categories of Service	(1) Units of Service	(2) Cost of Service	(3) Units of Service	(4) Cost of Service
1. Outpatient Encounters (Exclusive of Mental Health)	107,842 [1]	13,653,479 [2]		
a. Physician Encounters			NA [3]	NA [3]
b. Non-Physician Medical Practitioner Encounters			NA [3]	NA [3]
c. Dental Encounters			NA [3]	NA [3]
d. Other Professional Encounters			NA [3]	NA [3]
2. Outpatient Mental Health Encounters	225,414 [4]	14,176,339 [5]		
3. Other Outpatient Services		7,039,047		
a. Diagnostic Services (X-ray and Lab)			127,269 [6]	4,411,217 [7]
b. Pharmaceutical Services (Drug and Medical Supplies)			189,479 [6]	1,919,422 [7]
c. Other [8]			NA	708,408

d. Projected Utilization and Cost by Major Categories of Service (Continued)

	(1) Units of Service	(2) Cost of Service	(3) Units of Service	(4) Cost of Service	
4. Acute Hospital Inpatient		35,423,741[12]			
Accommodation					
a. Acute Hospital Inpatient Days (Exclusive of Mental Health)	27,085[1]		13,993,062[7]		
b. Acute Hospital Admissions (Exclusive of Mental Health)	NA[3]				
c. Mental Health Acute Hospital Days	9,020[6]			5,271,551[9]	
d. Mental Health Acute Hospital Admissions	NA[3]				
Ancillary					
e. Surgical Services to Hospital Inpatients			193,784[1]	2,191,470[7]	
f. Inpatient Anesthesiology Services			222,395[1]	1,447,183[7]	
g. Physician Inpatient Visits			NA		12,520,475[10]
h. Other Acute Inpatient Services			NA		
5. SNF/ICF Services		65,852[5]			
Accommodation					
a. SNF/ICF Days	1,171[4]			65,852[5]	
b. SNF/ICF Admissions	NA				
Ancillary					
c. Physician Visits to SNF/ICF Patients			--	--	
d. Other SNF/ICF Services			--	--	
6. Administrative Services		351,149			
a. Eligibility Determinations					
b. Direct Administration				351,149	
7. Total		70,709,607			

5. Projected Utilization and Cost by County Owned Facilities and by Non-County Facilities

	County		Non-County	
	(1) Units	(2) Cost	(3) Units	(4) Cost
1. Outpatient Encounters (Exclusive of Mental Health) [1]	107,842	13,653,479		
2. Outpatient Mental Health Encounters [13]	126,908	7,981,279	98,506	6,195,060
3. Acute Hospital Inpatient Days (Exclusive of Mental Health) [13]	20,097	13,437,537	6,988	555,525
4. Mental Health Acute Hospital Days [9]	8,038	4,697,487	982	574,064
5. SNF/ICF [11]			1,171 [4]	65,852 [5]

D. Projected Utilization of Emergency Services by Facility Ownership

Please provide unit and cost information for those Outpatient Encounters in Sections I and II above which are provided on an emergency basis by both locality and facility ownership.

EMERGENCY SERVICES PROVIDED WITHIN COUNTY				EMERGENCY SERVICES PROVIDED OUT OF COUNTY			
County Facilities		Non-County Facilities		County Facilities		Non-County Facilities	
(1) Units [1]	(2) Cost [7]	(3) Units	(4) Cost	(1) Units	(2) Cost	(3) Units	(4) Cost
25,502	4,461,815						

NOTES

1. Same units as 88/89 MCRIFAM 4-1
2. Inpatient/outpatient ratio from 88/89 MCRIFAM 4-2
3. Reliable figures cannot be obtained or estimated
4. Same units as 87/88 CR/DC Short-Doyle mental health cost reports
5. Cost of service computed from ratio in 87-88 CR/DC Short-Doyle mental health cost reports
6. Unit cost form 88/89 MCRIFAM 4-1 and 4-2
7. Cost of service protected from MCRIFAM 4-1 and 4-2
8. Community Substance Abuse Services
9. Cost of SFGH acute service projected from 87/88 CR/DC; cost of non SFGH acute service computed from ratio in 87/88 CR/DC
10. Total is remainder of Acute Hospital Inpatient and connot be further broken down
11. Institutes for Mental Disease
12. Inpatient/Outpatient ratio from MCRIFAM 4-2, non SFGH acute inpatient ratio from 87/88 CR/DC Short-Doyle mental health cost report
13. County/non county ratio from 88/89 Section 17000 WIC utilization and cost projections

2707a

EXHIBITS "A" - "J-3"

Exhibit "A"

City and County of San Francisco
Department of Public Health
Fiscal Year 1989-90

SCHEDULE OF LOCAL SNAP GRANTS

	Period of Grant	DPH DEPT/DIV	LOCAL MATCH AMT
Proposal #9230 - Hepatitis B Screening Project	7/1/89 to 6/30/90	Disease Control	$ 44,240
Proposal #9307 - Hepatitis B Tracking & Community Outreach Proj	7/1/89 to 6/30/90	Disease Control	54,098
Proposal #9440 - Emergency Level of Care for Terminally Ill Elderly Patients	7/1/89 to 6/30/90	Laguna Honda Hosp	48,460
Proposal #9624 - Computerization of County Information	7/1/89 to 6/30/90	Administration	20,574
TOTAL			$ 167,372

SUMMARY FOR DPH:

Public Health I/P	Administration	$ 20,574
	Disease Control	98,338
Public Health	LHH	48,460
TOTAL		$ 167,372

Ref 0896

Exhibit "B"

City & County of San Francisco
Department of Public Health
Fiscal Year 1989-90

ALLOCATION OF ADMINISTRATION COSTS FOR AB8/MIA BUDGETS

Index Code	Description	Budget Total	Public Health	Inpatient Outpatient	Psych/Substance Abuse
732198	Emergency Medical Svc Agency	$ 805,532	$ 805,532		
732412	Environmental Health	6,300,941	6,300,941		
733535	CPHS Administration	413,443	413,443		
732594	MIA	518,058		$ 518,058	
732347					
017-01	Bayview Hunters Point	289,420		289,420	
019-01	Haight-Ashbury Free Clinic	95,907		95,907	
021-01	Rose Resnick Ctr for Blind/Hand.	40,590		40,590	
030-01	Refugee Prev Health Svcs	67,466		67,466	
441154	Laboratory	1,586,040	1,586,040		
732404	Health Centers	18,280,241	5,966,469	12,313,772	
441600	Records and Statistics	531,640	531,640		
732420	Disease Control	3,157,658	3,157,658		
441808	Dental Clinic	552,913	552,913		
441857	Maternal & Child Health	2,454,805	2,454,805		
732438	Senior Health Services	705,144	705,144		
732446					
015-01	Downtown Senior Center	42,861	42,861		
018-01	No. of Market Senior Svc Ctr	682,657	682,657		
732388	AIDS Administration Office	6,421,803	6,421,803		
732396	AIDS Laboratory	55,325	55,325		
732453	AIDS Health Center	521,822	521,822		
732461	AIDS Disease Control	384,294	384,294		
733519	AIDS CMHS	94,760			94,760
733493	AIDS CSAS	85,459			85,459
730366	Community Mental Health Services	64,300,404			64,300,404
441055	Forensic Services	11,375,812		10,043,339	1,332,473
732172	Community Substance Abuse Svcs	11,900,719			11,900,719
448274	Laguna Honda Hospital	80,378,407		80,378,407	
462580	SFGH	196,168,688		181,412,971	14,755,717
	TOTAL	$408,212,809	$30,583,347	$285,159,930	$ 92,469,532
	% to Total	100%	7.49%	69.86%	22.65%

Ref 0896i/4

Exhibit "C"

CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Administration

FY 1989-90 Budget

Total budgeted expenditures - Per phase D Budget, July 5, 1989, Page 2		$ 7,212,440
Less:		
SNAP Match - Non-equipment Cost	$ 20,574	
Equipment Cost	3,604	
Total deductions		24,178
Net to be distributed		$ 7,188,262

Distribution	%	Share in Administration Cost
Public Health	7.49	$ 538,401
In/Out Patient	69.86	5,021,720
Mental Health	22.65	1,628,141
Total	100.00%	$7,188,262

1) Refer to Exhibit "B"

0903i/2

City & County of San Francisco
Department of Public Health
COMPUTATION OF CENTRAL OFFICE ADMINISTRATION COSTS
FY 1989-90 Budget

1) MIA
(Refer to costs on exhibits B & C)

518,058 / 408,212,809	x	7,188,262	=	9,123

2) San Francisco General Hospital
(Refer to costs on Exhibits B & C)

AB8 Allowable:				
181,412,971 / 408,212,809	x	7,188,262	=	3,194,520
Non-AB8 Allowable:				
14,755,717 / 408,212,809	x	7,188,212	=	259,835
		Total		3,454,355

3) Community Mental Health

Non-AB8 Allowable:				
64,300,404 / 408,212,809	x	7,188,262	=	1,132,273

4) Community Substance Abuse Services

Non-AB8 Allowable:				
11,900,719 / 408,212,809	x	7,188,262	=	209,561

5) AIDS - CMHS

94,760 / 408,212,809	x	7,188,262	=	1,669

6) AIDS - CSAS

85,459 / 408,212,809	x	7,188,262	=	1,505

7) Health Centers

12,313,772 / 408,212,809	x	7,188,262	=	216,834

Exhibit E

MIA ELIGIBILITY BUDGET (CENTRAL OFFICE)
Fiscal Year 1989-90

Permanent Salaries:

2248 - Asst Director of Clinical Services	$ 65,323 x 10%	$ 6,532
2946 - Sr Eligibility Worker Supervisor	43,900 x 50%	21,950
1446 - Secretary II	32,602 x 25%	8,151
Total		$ 36,633
Less Salary Savings 5.38%		(1,971)
Net Salaries		$ 34,662
Mandatory Fringes 23.67% x Net Salaries		$ 8,204
Contractual Services		300,471
Other Contractual Services	$ 100 x 25%	25
Other Services	$ 100 x 25%	25
Materials and Supplies	$ 820 x 25%	205
Reproduction	$6,000 x 25%	1,500
Total		$345,092

Ref 0896/2

Exhibit "F"

CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
INDIGENT RATIO - SFGH
Fiscal Year 1989-90 Budget

	TOTAL	MIA ALLOCATION	NET
Patients Pay - 70%	$ 20,253,304		
Medi-Cal - 2%	997,692		
Medi-Cal - Pending - 35%	4,187,433		
OB Package -87%	1,466,039		
PT Pay -Alien	6,785,894		
Other Government -25%	614,823		
MIA	35,461,773		
Total	$ 69,766,958	$(24,304,717)	$45,462,241
YTD Total Charges	$199,979,835	$ (24,304,717)	$175,675,118

Ratio:

$$\frac{\$\ 45,462,241}{\$175,675,118} = 25.88\%$$

09031/7

Exhibit G

City & County of San Francisco
Department of Public Health
SUMMARY OF CMHS COSTS AND FUNDING
FY 1989-90 Budget

Description	Total CMHS	SFGH Costs	CMHS Capital Outlay	Net CMHS	FORENSIC
Costs - Other	$93,206,584	$ 16,660,585		$ 74,162,888	$ 2,383,111
Equipment	101,691	22,929	$ 77,460		1,302
Gross Cost	$ 93,308,275	$16,683,514	$ 77,460	$ 74,162,888	$ 2,384,413
County Overmatch	29,475,580	9,338,538	77,460	18,660,534	1,399,048
MIA	2,498,573	103,716		2,394,857	
Other Revenues	25,519,290	6,013,182		19,020,471	485,637
TOTAL	$ 57,493,443	$ 15,455,436	$ 77,460	$ 40,075,862	$ 1,884,685
NET COST	$ 35,814,832	$ 1,228,078	$ -0-	$ 34,087,026	$ 499,728

Source: CRDC Program Budget Summary, FY 1988-89

Ref 0896/11

Exhibit "H"

CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Indigent Payment
Fiscal Year 1989-90 Budget

	TOTAL	MIA ALLOCATION	NET
OB Package 70%	1,669,266		
Alien Doc. & Undoc.	73,074		
MIA	24,345,073		
Self Pays - 6%	530,983		
Total	$26,618,396	$(24,304,717)	$2,313,679

Estimate for 89-90 $ 2,313,679 + 3% =	$ 2,383,089
Add: LIMA Revenue FY 1989-90	1,222,358
Total	$ 3,605,447

09031/4

Exhibit I

Department of Public Health - Central Office
HEALTH CENTER BUDGET
Fiscal Year 1989-90

	Total Expenditures	Breakdown: Public Health	Breakdown: Inpatient/ Outpatient	MIA-Related Expenditures: %	MIA-Related Expenditures: Amount
Health Center:					
# 1	2,299,159	1,182,898	1,116,261	10%	111,626
# 2	1,675,649	850,683	824,966	10%	82,497
# 3	2,159,354	1,132,260	1,027,094	10%	102,709
# 4	2,360,275	1,372,168	988,107	10%	98,811
# 5	1,687,220	1,050,014	637,206	10%	63,721
Sub-Total	10,181,657	5,588,023	4,593,634	10%	459,364
Tom Waddell	1,094,471		1,094,471	50%	547,236
Potrero Hill	605,299		605,299	50%	302,650
Southeast	1,311,894		1,311,894	50%	655,947
YGC - Medical	2,406,012	68,320	2,337,692	10%	233,769
Home Health	575,436		575,436		
Health Education	137,848	137,848			
PH Nurse Admin	87,406	87,406			
Perinatal	209,500	84,872	124,628	10%	12,463
HC Administration	1,670,718		1,670,718	10%	167,072
TOTAL	18,280,241	5,966,469	12,313,772		2,378,501

Note: Rates for MIA given by Tim McLeod, 9/20/89.

0896/17

Schedule "J"

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Depreciation
Fiscal Year 1989-90 Budget

1)	Central Office (See Schedule J-1)			
	Public Health			$ 530,670
	Inpatient/Outpatient(Forensic/BVHP)			46,105
	Sub-total			$ 576,775
2)	Laguna Honda Hospital(Inpatient/Outpatient)			
	Per Marshall & Steven's Report			
	(See Schedule J-2)			$ 1,157,172
3)	SFGH (Inpatient/Outpatient)			
	Per Marshall & Steven's Report		$3,911,518	
	(See Schedule J-3)			
	Less: Psychiatric Services	$ 187,615		
	Methadone Services	6,009	193,624	3,717,894
	TOTAL			$ 5,451,841

08961/5

Schedule "J-1"

CITY & COUNTY OF SAN FRANCISCO
Department of Public Health-Central Office
DEPRECIATION
Fiscal Year 1989-90 Budget

DIVISION SECTION	DIVISION NAME	EQUIPMENT	BUILDINGS & IMPROVEMENTS	TOTAL
83-01-01	Administration-General	$ 93,382	$ 19,275	$ 112,657
83-01-17	Administration-MIS	59,143		59,143
83-01-01	Administration-BVHP		39,715	39,715
83-01-30	Administration-EMS	154,891	477	155,368
83-01-30	Administration-Env. Hlth.	15,772		15,772
83-02-10	Laboratory	13,644		13,644
83-02-17	Health Centers	65,734	104,342	170,076
83-02-50	Records & Statistics	1,590		1,590
83-02-60	Disease Control	1,214		1,214
83-02-70	Dental Clinic	1,808		1,808
83-02-80	Maternal & Child Health	1,041		1,041
83-02-90	Senior Health Services	837		837
83-02-90	North of Market	257		257
83-03-01	AIDS	3,653		3,653
	TOTAL	$ 412,966	$ 163,809	$ 576,775

0896i/6

07/13/89 13:39 LOC:W 14-04343 LAGUNA HONDA HOSPITAL, SAN FRA MS#PLP138 PAGE 1

ASSET SUMMARY -ANNUAL- AS OF 06/89

SORT: ACCT PLR08-2

			COST BASIS	ACCUM DEPR	YTD DEPR	CURRENT DPR	UNREC COST
-TOTAL-	ACCT						
-TOTAL-	ACCT	1 FIXED EQUIPMENT	1,042,034	768,409	27,603	27,603	273,625
-TOTAL-	ACCT	2 MAJOR MOVABLE EQUIPMENT	6,322,063	3,682,418	568,645	568,645	2,639,645
-TOTAL-	ACCT	3 GROUP MAJOR MOVABLE	666,826	758,648	23,634	23,634	189,178
-TOTAL-	ACCT	4 BUILDINGS	9,461,693	6,698,093	336,896	336,896	2,763,599
-TOTAL-	ACCT	5 BUILDING SERVICE EQUIPMENT	6,065,833	4,512,631	196,108	196,108	1,553,202
-TOTAL-	ACCT	6 LAND IMPROVEMENTS	935,363	929,583	674	674	5,780
-TOTAL-	ACCT	8 AUTOMOBILES + TRUCKS	159,835	134,548	3,612	3,612	25,287
GRAND TOTAL			24,853,637	17,485,330	1,157,172	1,157,172	7,368,307

-END OF REPORT-

EXHIBIT J-2

ASSET SUMMARY -ANNUAL- AS OF 06/89

SORT: ACCT PLR08-2

			COST BASIS	ACCUM DEPR	YTD DEPR	CURRENT DPR	UNREC COST
-TOTAL-	ACCT						
-TOTAL-	ACCT	0 LAND	541,525				541,525
-TOTAL-	ACCT	1 FIXED EQUIPMENT	656,023	472,063	26,052	26,052	183,960
-TOTAL-	ACCT	2 MAJOR MOVABLE EQUIPMENT	11,840,725	7,458,565	795,196	795,196	4,382,160
-TOTAL-	ACCT	3 GROUPED MAJOR MOV. EQUIPMENT	986,040	862,212	37,668	37,668	123,828
-TOTAL-	ACCT	4 BUILDINGS	36,865,586	15,378,501	1,089,505	1,089,505	21,487,085
-TOTAL-	ACCT	5 BUILDING SERVICES EQUIPMENT	24,281,681	15,118,737	981,638	981,638	9,162,944
-TOTAL-	ACCT	6 LAND IMPROVEMENTS	1,858,837	1,580,116	41,799	41,799	278,721
-TOTAL-	ACCT	7 LEASED EQUIPMENT	6,251,836	2,985,104	804,199	804,199	3,266,732
-TOTAL-	ACCT	8 VEHICLES	1,044,645	804,736	114,927	114,927	239,909
-TOTAL-	ACCT	9 DONATED EQUIPMENT	117,344	76,174	20,534	20,534	41,170
GRAND TOTAL			84,444,242	44,736,208	3,911,518	3,911,518	39,708,034

-END OF REPORT-

EXHIBIT J-3

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